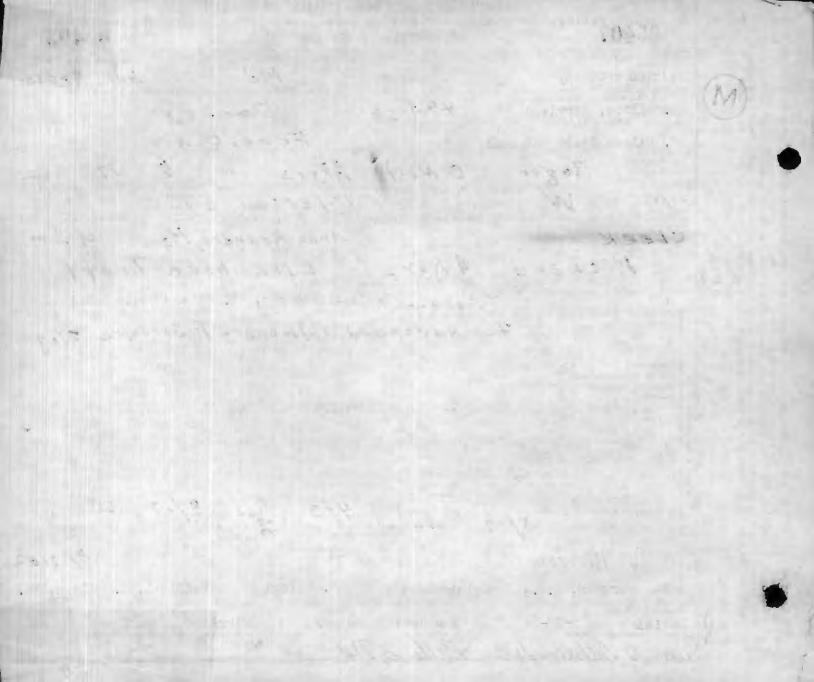
- Tan	2.0	05407 CERTIFICATE OF DEATH	5403
s after funeral should		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Resid a. COUNTY	once before edmission)
the fu		Baltimore County MARYLAND STATE Md. 6. COUNTY Hung	Arundal
and the	(NA	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	e neerest town)
C/ =- /=	141	Mt. Wilson, Maryland 44daVS Darsev	2x-2
within filled in Pages urs affy	12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	050	Mt. Wilson State Hospital Forest Ave	YES NO X
lete aper 72		3. NAME OF First Middle Lest 4. DATE Month De DECEASED OF Lest	Year Year
completely in papers.		(Type or print) 170 ger O'Neil AKers DEATH 5 /7	1962
and c carbo		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA Months Devs Months Month	Total Activities and
n ar		WIDOWED DIVORCED 8 32 29 yrs. 10b. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN	OF WHAT COUNTY
iffica sicia nov		done during most of working U	OF WHAT COUNTRY?
phy:		13. FATHER MAINE	4.54.
death ding p please	(2)	Richard Akers Elizabeth Tra	42 VA
endii n	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	PP
att att		(Yes, no., or unkown) (Ifyesgivawarordatesofservice) 747-28-2629 Hospital Records, Mt. Wilson State Ho	nenital
than the the		18. CAUSE OF DEATH [Enter only one cause per line for (e), [b), end (c),]	NTERVAL BETWEEN
ires sicia I by		PART I. DEATH WAS CAUSED BY: For Advanced Palmenary Tuberculase	ONSET AND DEATH
phy gne gne sil p		002. / DUE TO	129
ng n		Conditions, if any, which \ (b)	
end end bee bee		gave rise to immediate cause (a), stating the underlying DUETO	
has has bu		couse lest. (c)	
al ol al carte	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	19. WAS AUTOPSY PERFORMED?
Se a se a cr k		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	YES NO
HYS e ho s cer or u		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER. NOTIFY MEDICAL EXAMINER!	
A THE		pd	(Stete)
Afe of the factor of the facto		Hour a.m. While Not While	(21916)
R. del del del del		111- (- 211-	
E E C S S		V/17 .42 7.40	that (I) (we) last
R A S A S A S A S A S A S A S A S A S A		saw the deceased alive on	22b. DATE
O E C S		Murtimes M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/17/62
AL AL	1	22c. PHYSTCIAN'S 22d. ADDRESS	11110
W. P.	1	Wm. NAME (Type) Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. V	Vilson, Md.
E S S S S S S S S S S S S S S S S S S S		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
24040	00	Rurial 5-22-62 Glen Haven Cemetery Elkridge Marylan	d
YR A15 (4)	M	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGN	
15M 9/60	A	Yum of Suchello asons Ballo in Med. DATE	Reserve

MARYLAND STATE DEPARTMENT OF HEALTH

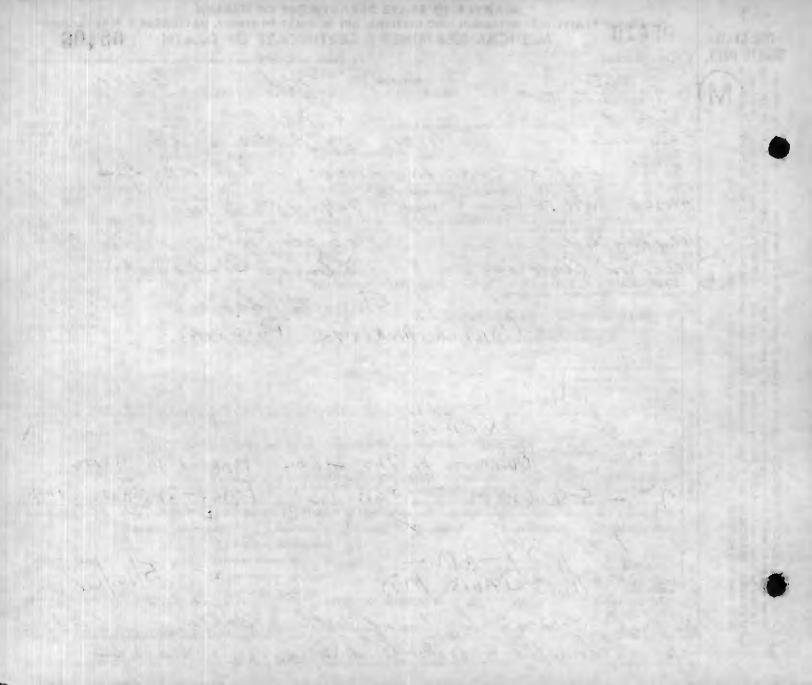


ARYLAND STATE DEPARTMENT OF HEALTH

1 No. 2 1 MINES. ment with the matter of the contract of the co THE RELEASE STORES WHEN THE STATE AND THE TENED TO STATE OF THE STATE OF CONTRACTOR OF THE PROPERTY OF THE PERSON OF NATIONAL PROPERTY OF THE PARTY. a C. Villa and the second of the second with the total arras traking bloman -

711250 DESTRUCTION OF THE PROPERTY SHOULD SH A PARTY AND THE SAME OF THE SA Will so the also also to the total

0 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05406
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
S	Salto, MARYLAND O. STATE D. COUNTY
M F F F F F F F F F F F F F F F F F F F	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
direct por you	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
N Bos	Quirsile Drive. Balto. 21 37 Wiltohne ad. YES NO A FARMY
State State	3. NAME OF First Middle Lest 4. DATE Month Day Yeer DECEASED OF
o the de related the rel	(Type or print) ERICK CARMEN AMOROSO DEATH MAY -7- \$ 1963
death id 3 i with with rs eff	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years IF UNDER 14 FER. IF UNDER 24 HRS. Months Days Hours Min.
2, and 2 and 2 hou	108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1, Page 1 1 2 1 er	Shipping Claste Balto. In d. W. & a.
M3.	13. FATHER'S MAIDEN NAME
I The Base	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
18. 18. h for mit. I with	15. WAS BECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive were deles of service)
hem with perm	18. CAUSE OF DEATH [Enter only one cods) per line for (e), (b), and (c).]
execting in property of the pr	PART I. DEATH WAS CAUSED BY: ARDON MONOXIDE POISONING - ONSET AND DEATH
d be pen lice a rial-h	891.5 DUE TO
in i	Gonditions, if any, which (b) gave rise to immediate causa
nding iner	(a), stating the underlying DUE TO couse lest. (c)
"pe "xam ram ram ram ram ram ram ram ram ram r	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
word word cal I d be	YES NO NO
Med Med Should s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (19) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) OVERCOME by Cas while Orange In Auto
Hing hief buri	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 286, PLACE OF INJURY (Home, farm, 20d. (City or town) (Stata)
RAIN Page	7 Adur a.m. 5-9 16 vert work at work with the land of sectory, street possible of blog., alc.) Esser-21-Back May
Die Die Price Pric	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry and in my opinion
Gent Sent	death resulted from: Natural causes
the the DIR	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
M be for ERAL I	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
P E S	NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote)
o DET please 4 should PUN pr its de	REMOVAL, (Specify) - 12-12 fact 1 4: H Balta Mil
AS' VIZWE	23. FUNERAL DIRECTORY () ADDRESS ADDR
5M 7/59	John G. Connelly 418 Gastern Blud, (21) DAWAY 1 4 '62 author S. Kines



1 1	1			MARY	LAND STATE DEF	ARTMENT OF	HEALTH		
R		0	DIVISION OF STA	TISTICAL RESEAI	CERTIFICATE		STREET, BALTIMOR	E 1, MARYLAN 0540	סו ליו
s after funeral should	M		CE OF DEATH			2. USUAL RESIDENCE	CE (Where deceased lived, If		refore admission)
		6	157/[/	more	MARYLAND	a. STAMZ TY	land b. coun	Dalli	more
24 hound by the ser death.		1	TY OR TOWN (if outside write RURAL and give neg	irest fown)	c. LENGTH OF STAY IN 16	c. City or Towy (I	f Guiside corporate limits, write	RURAL and give near	est lown)
filled Fages are after	X	d. 1	AME OF HOSPITAL OR I	NSTITUTION (if not in ho	spital, give sheet address)	d. STREET ADDRESS	non	0/1	IS RESIDENCE
stery fill sers. Pa			ME OF CEASED	TSUCH First, Ch	Middle Middle	14 CTO	TSUCH /	Day	Yeer NO
omple omple			e or print)	uth	Pyle /	mos	DEATH MA	1 25	1962
and carbo		3. 35%	F 6. cor	OR OR RACE 7. MARRIE	A	DATE OF BIRTH	9. AGE (In years	Months Days H	ours Min.
ificate ician icove even		1Da. U	SUAL OCCUPATION (Giv uring most of working life	e kind of work 1Db. K	IND OF BUSINESS OR INDUSTR	IN II. BIRTHPLACE (Coun	ly & State, or foreign country)	12. CITIZEN OF W	HAT COUNTRY?
th cert			PETVISOT THERES NAME	Ker	redlion	Dal Timor	e O, Md.	4.0.1	4
deat		1	lames	Pyle	2	Heste	r Wils	on	
Then Then	I)	(Yes, n	or opkown) (If yes give	ARMED FORCES? 16.	220-7007	Danger Tage	14 200	such R	1-100/
ian. by the rmit.		18,	CAUSE OF DEATH		line for (a), (b), and (c),	Conditions, some	1 Junos	A INVERY	AL BETWEEN AND DEATH
physic ned l sit per				TE CAUSE (a)	Cer	wal 1	Amou	hage	Im
law r ding p en sig Ltran emahi			nditions, if any, which) (ь)	Hypurl	ensor	2	3	yrs
The altenders be buria buria		(a)	a rise to immediate cause , stating the underlying se last.	DUE TO	//				(
al or safe h	1	Tion		CANT CONDITIONS CO	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19. \	WAS AUTOPSY PERFORMED?
VSIC) hospit certific		3	, ACCIDENT WAS UNDE	RLYING [] 20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in E	Part I or Part II of item 18.1	YES	□ NO □
this of for		O LIFE	CONTRIBUTING CAUSEITHER, NOTIFY MEDICAL	E OF DEATH					
Affer Affer stache of Hea		WEDICAL 20	Hour a.m.	While	Not While fact	CE OF INJURY (Home, farm ory, street, office bldg., etc.	, 2Df. (City or town)	(County)	(State)
retain OR: be de			certify that (I)		ded the deceased from	Jan	19.6.0 to 19 hay	2. 19.6. Atrat	(I) (we) last
R AT y be RECT nould state [- Commenter	w the deceased aliv	e on May	2.3.19.6. 2 and that	neath occured 440	M, from the causes	and on the date	stated above.
L DIS			m	frer 1	Sortner "	D. PHYS.	IRECTOR PHYS.		SIGNED
ERA Page with	1	22	NAME (Type)	LNERE	BORTNER	ADDRESS T	F HAL	1 M1	7.
death. O FUN director be filed	_		JRIAL, CREMATION, 231 OVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, to	n or county)	(State)
ř H	B	127	ERAL DIRECTOR'S SIGN	7 V-20,1460	MISCHURG	emelery	D BY REGISTRAR 25b, REG	SISTRAR'S SIGNATURE	7.
VR A15 (4) 15M 9/60	15	X	col xarle	uslem, 12.	ew Freedor	n. Ja DATE	100	et.	
	(1	17					MAI & S OF	arthur S. Thus	12

1 2556 Many March 1 3 3 3 2 March 1/2 1 of Cherry west That I let there is to the The the the things are the season VER 21 182 8 34 With the Following Co. 1865 E. E. W. clames 18/6 - Haster Milan No suggestion of the state of t The state of the s The state of the s 200422 0 T Contract The State of the S MICHER BURTINER WHITE PHAZE WITH Exercil Application of the separate language of the land of the Lyco- Harlington, Thin Friedling in

VR A15 (4) 15M 9/S9

(

05412

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

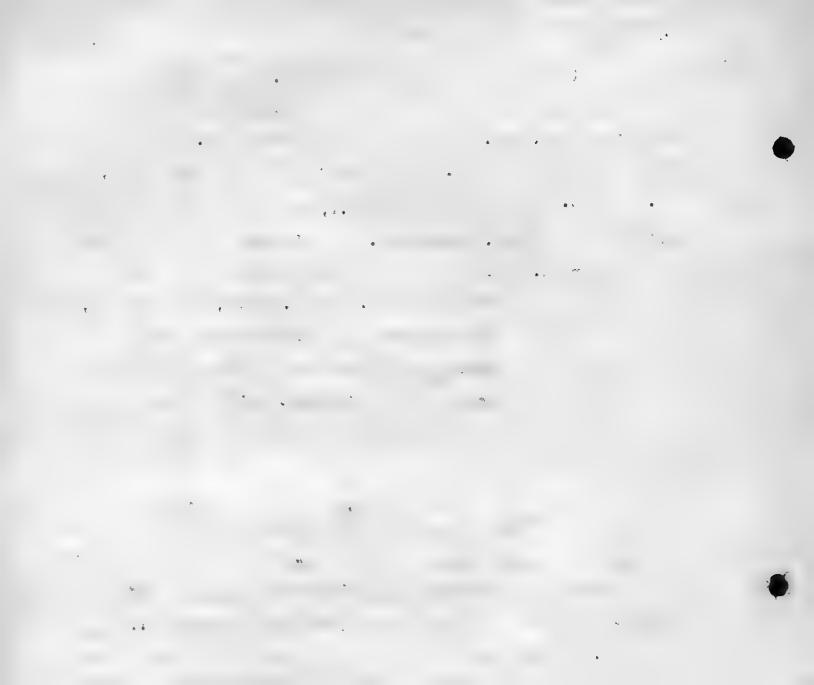
05408

1. PLACE OF DEATH a. COUNTY Baltimo	re	MARYLAND	2 USUAI a STA	RESIDENCE (WITE Maryla		ived If institution b. COUNTY	n: Residence befo Baltimo		
b. CITY OR TOWN (If outside car RURAL and give nearest town) Baltimo	porate limits, write c. LEI	NGTH OF STAY IN 1b	c. CIT	OR TOWN (IF		te limits, write RL	JRAL and give nec	arest fawn)	
d. NAME OF HOSPITAL (If not in or INSTITUTION 1535 RO	haspital, give street address sewick Avenu	s) e	d. STI	1535 R	osewick	Avenue		ON A FARM? YES NO 1	
3. NAME OF DECEASED (Type or print)	First FRDERICK	Middle		AROLD	4. DATE OF DEATH	Mant MA		Year 1962	
s. sex 6 color whi	OR RACE 7. MARRIED T		B DATE OF	23,1879		AGE (In years last birthday) 62 yrs.	Months Days	IF UNDER 24 HR Haurs Min.	
10a USUAL OCCUPATION (Give kin during most of working life ever (ret'd) Farmer	d af wark dane 10b. KIND (n if retired)	of Business or Indu	ISTRY 11. BI		ar foreign cou ryland	ntry)		S.A.	
13. FATHER'S NAME	A1-2		14. MOT	HER'S MAIDEN I					
}	Arold	7		Margare	E KILLE				
(Yes, no, or unknown, 16 yes, give wor	or doles of service) 16, SOCIA		nformant 11ace	R. Arol	d,1535	Rosewic	k Avenue	,Zone 6	
433.0		17	20	Arre	est		INTE	ERVAL BETWEEN ET AND DEATH	
Canditians, if any, which gave rise to immediate couse (a), stating the under-lying couse last.	(b)	?							
CATI	CANT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BUT	F NOT RELAT	ED TO THE TERM	IINAL DISEASE (CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPS' PERFORMED? YES NO	
	NG DEATH OF DEATH (AMINER)	HOW INJURY OCCURRE	ED (Enter na	ture of injury in	Part I ar Part I	l of item 1B)			
V 20c TIME OF INJURY Manth, Haur a.m. p.m.	19 Of wark 0	OCCURRED 20e Pi Not while It wark	ACE OF INJ ctary, street,	URY (Hame, farn affice bldg., etc	m, 20f. (City a	r Igwn)	(Caunty)	(Stat	
21. I certify that N (this	21. I certify that N) (this harmisal) attended the deceased fram. Occ. 19. 19.57, ta								
220. SIGNATURE JV Ja	hm gel	Luci		NDING M	ED.	STAFF M	May 25,	1962 SIGNE	
22c. PHYSICIAN'S NAME (Type) John	Geldrich, M.I	0.	22d.	NDDRESS Phi	ladelph	ia Road	#6		
	-26-62 Sa	NAME OF CEMETERY C				N (City town, a Road,	r county) Baltimor	e County	
Wm. Cook - Towson,	1050 York Ro	ad, TOWSON	4, Md	2Sa REC	D BY REGISTRA	2Sb. REGIS	TRAR'S SIGNATUR		

.



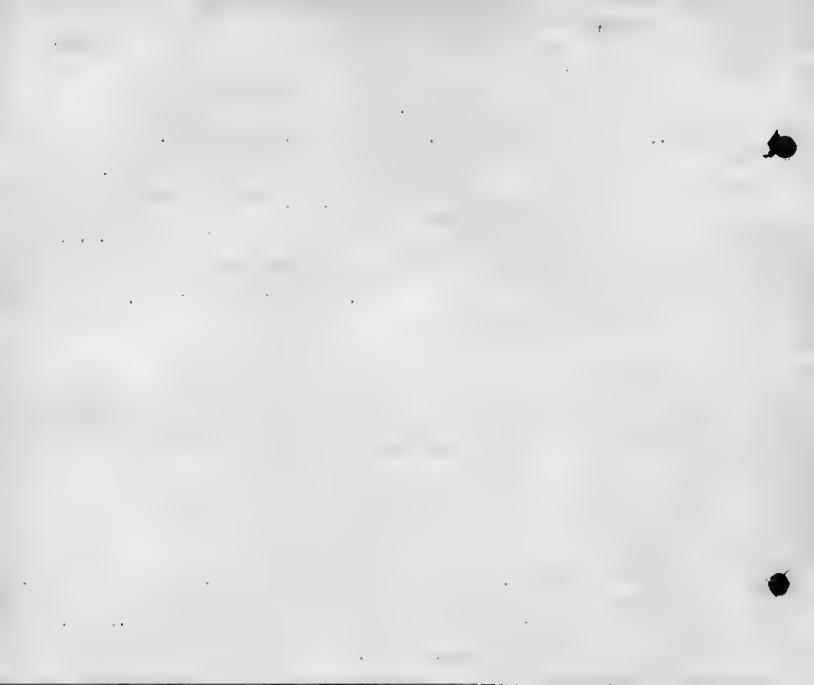
/ 1	/3	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15413)
ours afte be funera 2 should	M)	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before adm ssion) a. STATE Md. Md.
in by the land ter dear		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville Catonsville
thin thin y filled Page	LII'	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Shady Nook Nurs. Home. d STREET ADDRESS 720 Brockwood Rd.
mpletel papers in 72 h		NAME OF DECEASED (Type or print) Frank E. Badart 4. DATE Morth Dey Year OF DEATH May 31, 19 62
n and constant and constant within		Me Widowed Divorced Jun 1, 1881 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR If UNDER 24 HRS Is under 25 Hours Is under 24 HRS Is under 24 HRS Is under 25 Hours
physicia pertifica physicia a remove		Ob. USUAL OCCUPATION (Give kind of work look kind of work look kind of Business or Industry lil. BIRTHPLACE (County & State, or loreign country) Retired Retired Balto. Transit Co. England USA 14. MOTHER'S MAIDEN NAME
tending on pleas	(I)	Frank A. Badart 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
es that the cian. by the at remit. The		Yes, no, or unkown) (llyesgivewerordatesofservice) 213 05 9667 Mr.Frank A.Badart, 1300 Ridge Rd. Catons 18. Cause of Death (Enter only one ceuse per line for (e), (b), end (c).) PART I, DEATH WAS CAUSED BY:
w required physical signed ransit per nation, o	•	DUE TO DUE TO
The la attendii has been burial-i		Conditions, feny, which gever itse to immediate cause (e), steting the underlying cause tast. (b) PRESIDIO SCISSIFIC CAMBIN - CARSON POR CONTROL OF TO CAMBIN AND CONTROL
SICIAN spital or rtificate se as the		PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY PERFORMEDY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY I YES INDICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN
PHY:		20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING Bined by R: After detache		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. [City or town] (County) (State) Hour e.m. While Not While factory, street, office bldg., etc.] p m. 19
ATTE be retained ECTO ould be		21. I certify that (I) (this hospital) attended the deceased from 1961 to 1961, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 1960, from the causes and on the date stated above.
AL OR 6 4 may AL DIR ge 3 sh h the St		220 SIGNATURE ATTENDING MED. STAFF PHYS DIRECTOR PHYS. 22b. DATE SIGNED 22c PHYSICIAN S CLUA / TO LOUIS SIGNED 22d ADDRESS 22d ADDRESS
HOSE! Jeff. FUNES Schor, p. filed w.	1	NAME (Type) SU IN H. SIA AW MIN SSU EDWA BOSW BOLL FOR SHOPE (SINGLE STATE OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown of county) (Siete)
다 다 전 조 (4)	ing	Entombment 6/2/62 Lorraine Park Massoleum Woodlawn Md. 4 funeral director's signature Address 25a, Rec'd By Registrar 25b, Registrar's Signature
15M 2,61		Witzke F.D. 4101 Edmondson Ave DATE MIN 4'62 Contag & Month



S 7 1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARVIAND
*/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4	05414 CERTIFICATE OF DEATH	05410
s after funera shoufe		1 DISCPORESTED	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DALI MORE MARYLAND	BALTIMORE
in by	IM	b. CITY OR TOWN (if outside corporate fimits, write RURA write RURAL and give necrest town) Towson C. CITY OR TOWN (if outside corporate fimits, write RURA Towson	L and give neerest town)
ithin illed	96	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE
P Si P P P P P P P P P P P P P P P P P P	,,,	TOWSON CONVALESCENT HOME 603 E. JOPPA RD.	YES NO
xecute pmplete paper		3. NAME OF DECEASED (Type or print) JAHES NELSON BAKER OF DEATH HAY	Pey Yeer 1962
and carbon		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years IF UN HALE WIDOWED DIVORCED OCT. 279 1881 Birthdey) Mont	DER 1 YEAR IF UNDER 24 HRS.
h certificat physician se remove n any even		10e. USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retired) ELECTRICAL RUG. KET, BLACK & DECKER OWEGO, NEW YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	CITIZEN OF WHAT COUNTRY?
ding ding plea plea	/	JAHES RUSSELL BAKER ISABELL DECKER	
the datten		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (liyes give war or dates of service)	*
hat the the the the the the the the the th		NO NONE 2/2-10-1412 FAHILY KECORDS	* · · · · · · · · · · · · · · · · · · ·
w requires the physician signed by I ransit permit nation, or re-		18. CAUSE OF DEATH [Enter only one cause per line for .a), .b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) CEREBRAL INFARCTION FROM EMBOLUS 42010 DUE TO DUE TO PART I. OF THE PROPERTY	interval between onset and death 2 4 Gura.
The la attendia as been burial-tial, crer		Conditions, if any, which give rise to immediate cause [a), stating the underlying DUE TO	15 40
AN:	Ò	cause lest. (c) ARTERIOSE EROTIC HART DISEASE PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN	
Spita Sp		GRONCHIAL ASTHMA; URINARY TRACT IN FECTION	PERFORMED?
PHYS the hor this cer d for us		206. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by the Affer detacher of Hea		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, 20f. [City or town) factory, street, office bldg., etc.] While Not While factory, street, office bldg., etc.]	(County) (Steta)
Per September 1		21. I certify that (I) (this hospital) attended the deceased from 9/26, 1951, to 5/4	1962, that (I) (we) last
oeld Constant		saw the deceased alive on 4/26 1962, and that death occurred at 15 M from the causes and	
S Sh Se		22a SIGNATURE ATTENDING MED STAFF	22b. DATE SIGNED
AL SAL		22c PHYS.CIAN DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	3/3/62
OCT, P	- 1	NAME (Type) DONALD L. SOMERVILLE 25 WPA. AVE; TOWSON	MD,
death direct		236. BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or a REMOVAL (Specify) 5/4/62 BALTO. CITY HD. STATE ANA	
VR A1S (4)	20	24 FUNERAL PRECTOR'S MENATURE / ADDITION) 250. REC'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
1SM 7,61	This,	John Bulus Jous Lowoon DATE MAY 8 '62 CA	A CONTRACTOR



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05411
1)	1. PLACE OF DEATH S. COUNTY Baltimore 2. USUAL RESIDENCE (Where decessed I vad, if institution: Rasidance before admission) Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed I vad, if institution: Rasidance before admission) Baltimore
X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Write RURAL and give nearest lown) Dindalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) a. IS RESIDENCE ON A FARM. ON A FARM.
D	3. NAME OF DECEASED (Type or print) LAURA Last 4. DATE Month Day Year OF DECEASED OF MANY 1.6. 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH FOME 10 White Widowed Min. B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife West Virginia U.S.A. 13. FATHER'S NAME John Mc Million Hanora Brown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yas, no, or unknown) (Ifyesgive war-ordalas-ofsarvical) None Mrs. Mazie Sizemore 2523 W. Woodwell Ro
	18. CAUSE OF DEATH [Enter only one cause perfora for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)
((a), steting the undarlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NOW 2
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WES PERFORMED? YES PERFORMED? YES PERFORMED? YES NOW PERFORME
	21. I certify that (I) (this hospital) attended the deceased from may 19 1944 to may 16, 1962 That (I) (we) last saw the deceased alive on
,	220. SIGNATURE MD ATTENDING MED. PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S NAME (Type) Morris A. Tacobs ATTENDING MED. PHYS. D DIRECTOR PHYS. D 22d. ADDRESS 1010 North Pt. Road Balt 22. Md.
1	238. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slate) BUYIAL (Generally) May 18. 1962 Gardens of Faith Trumps Mill Rd's Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
6.	JOHN J. DUDA 7922 Wise Ave. 22. Md. DATE MAY 22'62 Critury & times



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give heares! town) b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY N 16 write RURAL and give neerest town) Catonsville Mitchellville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d, STREET ADDRESS . IS RESIDENCE ON A FARM? YES X NO Grove State Hospital 3. NAME OF M ddle 4. DATE Month DECEASED DEATH (Type or print) 1962 Charles Virgel Beall 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 1919 lest birthday) Months Hours WIDOWED DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) Farmer-Tobacco ryland U.S. A. 13. FATHER'S NAME John Franklin B eall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Mrs. Mary Smith, sister, Glendale, Md. Street, Spring Grove State Hospital (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Myocardial infarction DUE TO Rheumatic H eart Dis eas e Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stetling the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of itam 18.) 20e. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, streat, office bldg., etc.) Not While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from May, 1962, to May, 1962., that (I) (we) last SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS H.I.Cholmondelev Spring Grove S tate Hosp, Catonsville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF (State) S O je g REMOVAL (Specify) Cath. Cemetery Annapolis Buria. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) tchie Bros. Fun'l Home-Upper Marlhoro, DATE 15M 9/60

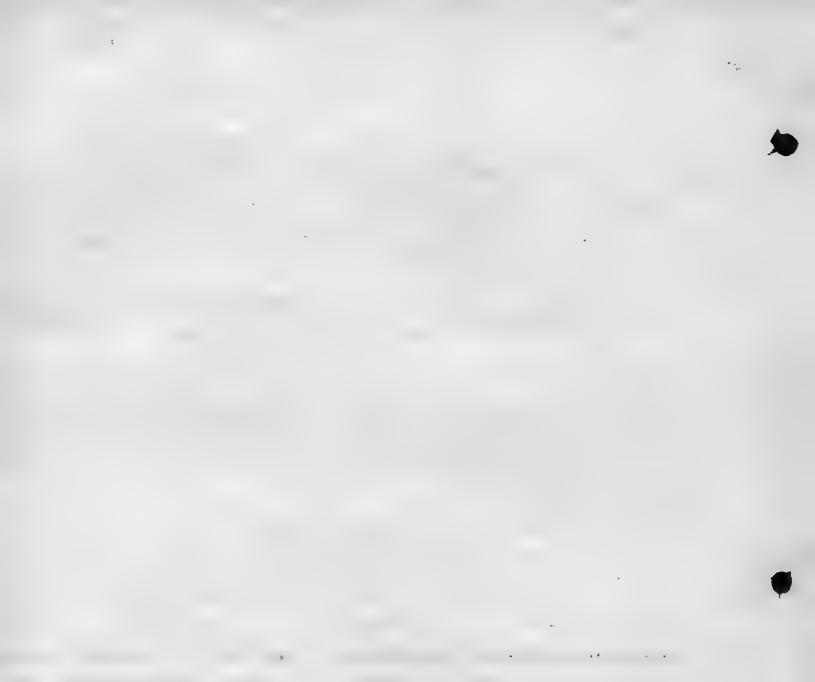
MARYLAND STATE DEPARTMENT OF HEALTH



1			NT OF HEALTH	
L 76.70		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P. CERTIFICATE OF DI		06656
affe inera		- COUNTY	SIDENCE (Where deceased hyad, If institution	Residence before admission)
5 2 5 C	(IVI	Baltimore MARYLAND	Md. B. COUNTY	altimore
t ho		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)	TOWN (If outside corporate limits, write RURAL a	and give nearest town)
Jin H	Y	Stevenson Lifetime X Ste	venson, Md.	
Page 8	\wedge	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET A		o. IS RESIDENCE ON A FARM?
2 5 5		Valley Rd., Stevenson, Md. Valle	y Road Month	Pay Yant
See cele	1	DECEASED	OF	
comple frin 7	-/	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	I Platy C	19 62 RT YEAR IF UNDER 24 HRS.
and carb	-	Female White WIDOWED DIVORCED Jan. 26	last birthday) Months	Days Hours Min.
cate ian ian ve ve		10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC		TITIZEN OF WHAT COUNTRY?
ysic emo		Secretary Beall Motor Co. Mary	lande	U.S.A.
h ce se r		13. FATHER'S NAME		
deat ding plea			lena L. Dohoney	
he stren		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yas, no, or unknown] [lifyesgive were released service]	Addrass	
he z he z mov		No None Mr. Wm.D	. Beall, Valley Rd	
cian Cian by 1		18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	10000	ONSET AND DEATH
hysing hysing hysing bed if pe		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIE TO	cally	8142
Sign Sign rans		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
ndin ndin seen ial-h		Conditions, if any, which gave rise to immediate causa		
The affer a se the burn burn ial,		(a), stating the underlying DUE TO		
F. P.	Α.	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
ICIV spita spita spita se as	U	TAN TO THE TANK THE T		YES NO
hos cert		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, [Enter natura of a contributing Cause of Death United the property of the contributing of the contributing of the contributing of the contribution of the con	njury in Part I or Part II of Itam 18]	_
PH the the the the the the the the the the				
NG Tee Street		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Hour a m. While Not While factory, street, office between at work at work		ounty) (State)
ND Incomined				
F F S S S		21. I certify that (I) (this hospital) attended the deceased from		
Stand Stand		saw the deceased alive on	d at. S.A.M., from the causes and on	
C C C C C C C C C C C C C C C C C C C		22a. SIGNATURE ATTENDING	MED. STAFF	22b. DATE SIGNED
F S F S F S F S F S F S F S F S F S F S	1	22c, PHYSICIAN'S ALL ADDR	DIRECTOR PHYS.	7 May 67
A S	- i	NAME (Type) Paul H Rouse MD 140	3 Foley La. Pike	suille, Md
Hed G		238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	236. LOCATION (City, fown or cou	inty) (Stata)
P C C C		REMOVAL (Specify)	etery Pikesville	
VR A15 (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256, REGISTRAR	
15M 7/61	(3)	Frank A. Hewell Pekernell & Mike	DATE JUN 1 2 '62 Onther	S. Kima
	8	the state of the s		



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss on) e. COUNTY b. COUNTY MARYLAND c CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 a IS RESIDENCE ON A FARM! YES NO H DECEASED lower (Type or print) 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months WIDOWED IN DIVORCED physician 12, CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fore gn country) done during most of working life, aven if retirad) TOWSK WIT 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH |Enter only one couse per line for (e), (b), and (c) ONSET AND DEATH **DUE TO** Conditions, if any, which (b) geve rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO -DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER, 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) Not While While Hour a.m. at work at work 21. 1 certify that (I) (this hospital) attended the deceased from Oct 1962, and that death occurred at. (a.l.:M, from the causes and on the date stated above. 22b. DATE 22e, SIGNATURE /SIGNED ATTENDING DIRECTOR PHYS. MD. FUNERAL 22d. ADDRESS filed ' 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Steta) REMOVAL (Specify) OH C BURTAL Western Cemetery Baltimore 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 1 9/60



of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE OF DEATH ITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution Res of no abefore Im es on) a. COUNTY b. COUNT Raltimore Baltimore MARYLAND b. CITY OR TOWN (if ou side corporate I m ts, C. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give in erest town write RURAL and give nearest town) Catonsville Catonsville d NAME OF HOSPITAL OR INSTITUTION (if no' in hospital give streat address d STREET ADDRESS ON A FARM? 421 Academy Road 421 Academy Road YES NO 3. NAME OF 4. DATE Month DECEASED (Type or print) Mary Blickenstaff 5. SEX DATE OF BIRTH AGE (In years LIF JNDER 1 YEAR IF JNDER 24 HRS last birthdey) Months DIVORCED June 20 1912 White 10a USUAL OCCUPATION (Give kind of work ive Pages 1, 2, PM3. Page 1Db KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) pages House Home 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN 15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY Yes, no? or unkown) ((If yes give we ror detes of service) H.Ronald Blickenstaff #21 Academy 1B. CAUSE OF DEATH [Enter only one cause per ine for (e., ib) and c) } INTERVAL BETWEEN Office along ONSET AND DEATH PART I DEATH WAS CAUSED BY: Suffocation by placing a plastic bag over her IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which head also pillow over bag (b) "pending" gave rise to immediate cause Se DUE TO (a), sletting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY e certificate, writing the word "I rarded to the Chief Medical Exc IRECTOR: Page 3 should be ui ignated agent, prior to burial, c CERTIFICATION PERFORMED! 1 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of stam 18 : PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd NJURY OCCURRED 2De, PLACE OF NJURY (Homa, form, 2Df, (City or lown, (Stete) While factory, streat, office bldg., etc.) Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspect on and in my opinion death resulted from: Suicide | Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be fo ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAM NER EXAMINER'S NAME (Typa) Address (Straet, city town, or county) 1010 Leeds Ave 29 Geo-Salla Kieffer MaD. ZZe. BURIAL, CREMATION. 22d. LOCATION (City, fown REMOVAL (Specify) <u>9</u>40 PEC'D BY REG STRAR VR A15ME 5M 1/62

EYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAD TO HOSPIT

VR A15 (4) 1SM 9/59

05420

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05415

i.count.	MARYLAND	OSTATE b COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltir one
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION HOLLY HILL NUTLAING HOME	address)	d. STREET ADDRESS Broadview Apts. 6 IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First DECEASED (Type or print) OWICE	Middle Criffith	Thought Day Year Death 1979 21, 1962
5. SEX 6. COLOR OR RACE 7. MARR Fer ale 1/Lite WIDOWE	IED NEVER MARRIED DED DIVORCED DED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HRS If UNDER 1 YEAR IF UNDER 24 HRS If UNDER
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Alantgonery Co., Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard Griffith		14 MOTHER'S MAIDEN NAME Eliza Palmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (*es. no. or unknown) (If yes. give war or dates of service)		s. Charles Angerson Buxton No.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Part If Other SIGNIFICANT CONDITIONS CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I ar Part II af item 18.)
O Hour orm. While	NURY OCCURRED 20a. PL Not while fo	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State actory, street, affice bldg, etc.)
21. I certify that (I) (this hospital) ettend saw the deceased alive an 13 220 SIGNATURE	1-1962 and that of	death accurred at AM, from the causes and an the date stated abave M. ATTENDING MED. STAFF PHYS DIRECTOR PHYS D
22c PHYSICIAN'S NAME (Type) W. M. SM	ith	22d. ADDRESS (305 fhe Alamete -10
230. BURIAL, CREMATION, 23b. DATE THEREOF CHOMOVAL (Specify) 5/01/1962	23c NAME OF CEMETERY C	it Cremitory Baltimore, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE 490 For Jestins & Sons Co. Bal	5 York Road tirore 12, Mar	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 148 AND DATE AV 2 4 162



TO FUNERAL TO HOSPITA

VR A15 (4) 15M 9/59

05401

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05416

	DEPLOY Baltimore	2	MARYLAND 2	usual residence (When STATE Maryland		f institution Residen	ce befare admiss			
	b. CITY OR TOWN (If outside carporate RURAL and give same trum)	limits, write c. LENGTH	OF STAY IN 16	c CITY OR TOWN (If or Baltimore	•	, write RURAL and				
	d. NAME OF HOSPITAL (If not in hospit	tal, give street address)		d. STREET ADDRESS			e is RES	IDENCE FARM?		
	or Institution 2906 Penr	nsylvania A ve	enue	2906 Penn	sylvania .	Avenue		NO 2		
	3. NAME OF DECEASED (Type or print)	OLLIE	Middle C.	B OSM AN	4. DATE OF DEATH	Manth May	^{Day} 29	Yeor 19 62		
	5. SEX 6. COLOR OF R/White	ACE 7 MARRIED KNEW		ay 1, 1894	9 AGE (68	tn years irlhday) yrs	Doys Hours	Mın		
	10a. JSUAL OCCUPATION (Give kind of w during most of working life, even if re Housewife	rark dane 10b. KIND OF B	USINESS OR INDUSTRY		or foreign country)	12 CIT	U.S.A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N.						
	Uric Bloc	kinger			rgartner					
	15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SEC			man 2006	Address	nda Arra	7000		
	no		MISS	Lillian Bos	sman, 2900	rennsylva	nia Ave,	Zone .		
	18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: The IND	b), and (c).)	arlmen	es		INTERVAL BE			
	Conditions, if any, which	Conditions, if any, which gave rise to immediate DUE TO DUE T								
	lying cause last.									
)	PART II. OTHER SIGNIFICANT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO								
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of ilem 18)									
	20c. TIME OF INJURY Month, Doy, Haur a.m. p. m.	Year 20d. INJURY OCC While Nat w at wark □ of war	rhile factar	OF INJURY (Home, form, y, street, affice bldg, etc.		(County)	(State)		
	21. I certify that (1) (this hosp	ital) attended the d		prel 12	621014 au		that (I) (
	saw the deceased alive an	17/14/2 195	and that dea	th occurred at ILP	M, from the car	es and on the		above b DATE		
	Mulde	Leller	M.C	ATTENDING ME	ED STAFF	6	116	SIGNED		
	22c PHYS CIAN'S NAME (Type) Paul	Schonfeld,	M.D.	22d ADDRESS 2301 A	nnapolis	Road				
	230 BURIAL, CREMATION, 23b. DATE THE		ne of CEMETERY OR C		23d LOCATION (C t		(Sta	'e)		
X	Wm.Cook, Inc., 1217	St.Paul Stre			1 100	Sb. REGISTRAR'S SI	_ ,			



PRESTON STREET, BALTIMORE 1, MARY USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY MARYLAND LETIMOICE b. CITY OR TOWN (if outside corporate l'mils. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim is, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Hours event, WIDOWED X 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME [Yes, no, or unkown] | (Ifyes give war or detective) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c)., ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work e.m. 21. I certify that (I) (this hospital), attended the deceased from. 321 M, from the cayses and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE MIGNATURE ATTENDI PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. NAME (Type) 238 BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown or county) (Stete) 0 % 2 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Henria



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outs die corporete limits, e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'da corporeta limits, write RURAL and give nearest town) write RURAL and give neerest town) Fort Howard Fort Howard d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give straet eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Denton Ave. ™id . Denton Ave . 3. NAME OF Midde DECEASED EDWARD DEATH BOYE RS Mav 62 (Type or print) 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8 DATE OF BRTH 7. MARRIED NEVER MARRIED birthdey) Months Hours Male 1909 16. WIDOWED June DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Steel Co. Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loovd Bowers Minnie A. Aspelmeier 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 1 17, INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) 216-09-5723 Mrs. Georgia Bowers Same as HTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY ATION PERFORMED? NO P 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Steta) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19 to may 26, 19.62 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... 10 19 62, and that death occurred at 1.1. M. from the causes and on the date stated above. may saw the deceased alive on. 22b. DATE 226. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Street. 19. Marvland V. Conway John Fled 23d. LOCATION (City, lown or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Parkwood Cem. Taylor Ave. 0 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DUDA 7922 Wise Ave. 22. Md. 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1 1/4	MARYLAND STATE DEPARTMENT OF HEALTH	
7	CERTIFICATE OF DEATH	05419
should		d, If institutions Residence before admission
death.	b CITY OR TOWN (if outside corporate timits, write RURAL and give neerest town) C. CITY OR TOWN [If outside corporate limits, write RURAL and give neerest town)	write RURAL and give neerest town
after after	d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) d. STREET ADDRESS HOUSE IN THE PINES	o. IS RESIDEN
on papers. Parthin 72 hours	3. NAME OF DECEASED OF First Middle Last 4. DATE OF	Abouth Day Yes NO
	(Type or print) 5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE (In)	eers of UNDER 1 YEAR OF UNDER 24 HR
	108 USUAL OCCUPATION IG. ve kind of work 100 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or fore on cou	rs.
	COMPANION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. MOTHER'S M	U.S. A.
n please	HARRY A. BROWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ACCE AS	drass
t. The	(Yes, no, or unkown) (Ifyesgivewarordelesafservice) 216-01-5583 MRS MOLLIE 1. 1518 6	V (/)
n, or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcinomatosis	INTERVAL BETWEEN ONSET AND DEATH
-transi	Conditions, if env, which (b) Carcinoma of the breast	
e buria	gave rise to immediate cause (e), stating the underlying DUE TO cause last. (c)	
or to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
d for us	200 ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert Lor Pert)
detached of Hea	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) While Not While fectory, street, office bidg., etc.)	(County) (Stere)
o Dept	21. I certify that (I) (this hospital) attended the deceased from Dec. 18., 19.61, to May saw the deceased alive on	
3 shouth	220. SIGNATURE ATTENDING MED STAFF	22b. DA
with with	22c. PHYSICIAN'S NAME (Type) George A. Knipp, M.D. 4116 Edmondson Ave.	#29
irector o filed	230 BURIAL, CREMATION, 236 DAYE THEREOF 23c. NAME OF CEMETERY OF THE PROPERTY 23d. LOCATION (CH	y, town or county) (State)
15 (4)	TSUPIAL SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256	
161-17	NITZKE, 410, EDMONDSON AUE DATE MAY 8 '62	arthur S. Thomas

. .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 7. USUAL RESIDENCE (Where decassed lived, if Institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (if outs da corporata I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Reisterstown Road Reisterstown Road YES NO X 3. NAME OF 4. DATE Middle Morth Year DECERSED OF (Type or print) May 24,1962 Brown DEATH Marv Agnes 19 with rs afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO AGE (In years IF UNDER I YEAR 5. SEX B. DATE OF BIRTH IF JNDER 24 HRS. may 2 with iest birthday) April 20,1908 Months Whi te Female WIDOWED [DIVORCED T 10a USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page dona during most of working life, even if ratired) Towson, Maryland Employed at Convelesent Home U.S. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Alice Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Artrices (Yas, no, or unkown) | (If yas giva war or dales of servica) Harold L. Allgeyer Reisterstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: A ricular Fibrillation 1 hr. IMMEDIATE CAUSE (a) Office DUE TO Rheumatic Cardio-Vascular Disease 20 VIS. Conditions, flany, which (b) gava risa to immadiata causa **DUE TO** (a), slating the underlying causa last. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X none 0 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | or Part | or Part | 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | DODE none age 5 CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 Month, Day, Yaar 20f. (City or town) 20c. TIME OF INJURY (Stata) factory, street, office bldg., atc.) Whila Not Whila WEDI Hour a.m. at work al work nones none none Inspection 🖾 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion P O be forwarded i death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S D. D. Caples, M. D. 6 Hanover Rd. Reisterstown, Md. -24 - 62should FUNE NAME (Typa) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore, Md. May 26.1962 New Cathedral g.40 g Burial ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISMEC 2 8 '82 J.F. Eline & Sons, Reisterstown, Md. 5M 7/59 Circling & the

ARYLAND STATE DEPARTMENT OF HEALTH



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COUNTY BATTIMORE MARYLAND \$ 7 2 vico Mic b. CITY OR TOWN (if outside corporata limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? SALISBURY FORT HOWARD 24 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL RD 2. JERSEY ROAD YES NO X 3. NAME OF Middle DECEASED OF (Type or print) William H. DEATH 19 62 Bryant May 6 COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 Y .R IF JNDER 24 HRS. last birthday) Months Days June 12. Male Negro WIDOWED X DIVORCED [10a. USJAL OCCUPATION (G va king of work 10b. KIND OF BUSINESS OR INDUSTRY! 11, BIRTHP, ACE (County & State, or fore an country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) Truck Driver Fertilizer Plant Southamptom Co. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Bryant Mary (Last Name Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANCLINICAL Records Folder, Veterans (Yas, no, or unkown) (Hyesgivawarordatesofservice) Administration Hospital, Fort Howard, Maryland 18 CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY-PULMONARY INFARCTION 2 DAYS IMMED ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 19. WAS AUTOPSY CERTIFICATION MYOCARDIAL INFARCTION, ARTERIO-NEPHROSCIEROSIS, HYPERTROPHY THYROID GIANDYES X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Jam 18) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or fown) (County) (Steta) factory, street, office bldg., etc.) Not While Whila Hour a.m. at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from April 19 62 to May 6 19 62, and that death occurred ap.: 402, Nom the causes and on the date stated above, saw the deceased alive on 22b. DATE 22a SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 3d PHYS. 22d. ADDRESS 22c. PHYS.C.AN NAME (Type) SEBASTIAN RUSSO. M. D. HOWARD, MARYLAND VAH. FORT 236, BURIAL, CREMATION | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S & GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE MAY

RYLAND STATE DEPARTMENT OF HEALTH



.⊆

filted

campletely

physica

aftending

Ŗ

DIRECT

0

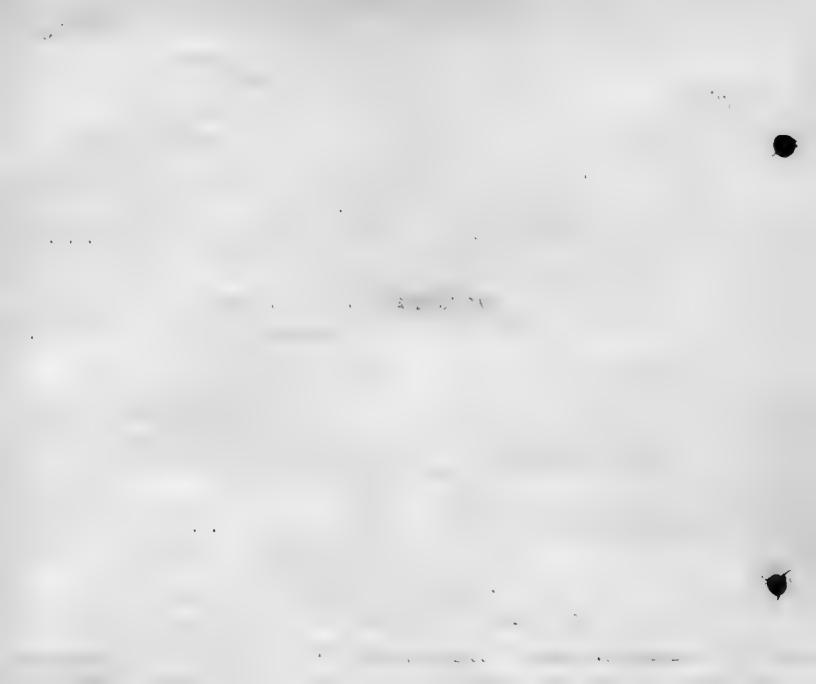
VS A1S (4)

1SM 9/58



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARXLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) e. COUNTY **b.** COUNTY timore the d 2 MARYLAND c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .⊑ Pages aff filled B. IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? NO P completely Middle 3. NAME OF DECEASED OF Burton DEATH {[ype or print] 19 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BRITH 17. MARR ER NEVER MARRIED lest birthdey) Months Hours WIDOWED [DIVORCED yrs, 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) imore, (etired Maintenance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cian.
by the attending parmit. Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detes of service) same INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one couse per line for (e., (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arcinoma of the Lung mo. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** fel, steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of Iem 18.) 200 ACC DENT WAS UNDERLYING | OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d, INJURY OCCURRED 2De PLACE OF INJURY (Home, ferm. : 20f, (City or town) (County) 20c. YIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. TDU. saw the deceased alive on...../!/Q.L/ 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHY5. M.D. 22c. PHYS CIAN'S 22d. ADDRESS NAME (Type) eodore director, be filed a NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, | 23b REMOVAL (Specify) TO 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

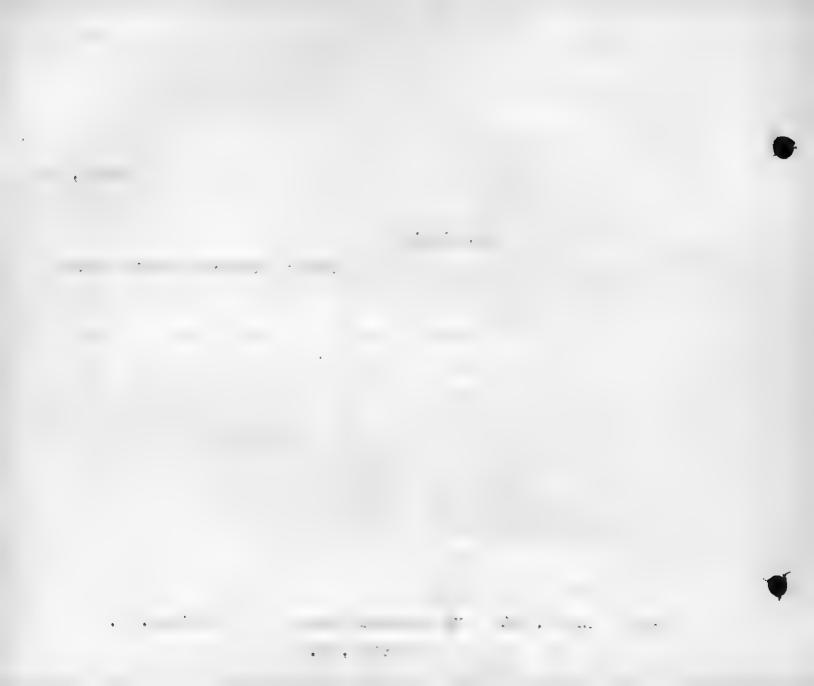


Ī	PLACE OF DEATH					2 USUAL RESIDENCE	(Where decease	ed lived. If inst		nce before	e admissi	an)
`L		Baltimore		MARYLA	ND	_	Marylan		MIII .	-		V
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside corp	orote limits, wr	ite RURAL ond	діче пеаг	est town)
	Catonsv	ille		7mthlldys	į	Baltimor	re			31	10:	4
.	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	ive street	address)	i	d. STREET ADDRES		D .			. IS RESI	DENCE FARM?
		ROVE STATE) HO	SPI TAL		747 S.Woo	dington	Road				NO 🔼
3.	NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF		Manth	Day	Y	· еог
	(Type or print)	Pie	rry	В.		Carroll	DEAT	4]	May 2	6, 1	962
S	SEX	6 COLOR OR RACE	7 MARR	RIED NEVER MARRIED		. DATE OF BIRTH		9 AGE (In ye	ears IF UNDE	R 1 YEAR	Hours T	R 24 HRS. Min.
	female	white	WIDOWI		$-\bot$	Feb. 15,		1	yrs.	Doys	Hours	Mun.
10c	. USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State or fareign	country)		TIZEN OF	WHATC	OUNTRY?
	factory	worker		rush buffer		Mary	land		U	. S.		
13.	FATHER'S NAME					14 MOTHER'S MAID	EN NAME					
1	Isaac Bew					TO SOURCE	Marg	aret Ca	therine	Kai	ser	
15. (Ye		IN U. S. ARMED FOR	rvion	SOCIAL SECURITY NO.	17 IN	FORMANT			Address			
	unknown		2	13-05-2914	Rec	cords: SPF	RING GF	ROVE ST	A IE H	03P17	IA L_	
				ne for (a), (b), and (c)-)	1	1- 1	-	21-		INTE	RVAL BET	DEATH
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o	TH	reprose	les	which n	carat	defel	21C	724	m 5	1-10-6
4° C DUE TO 12 1 1 1							1 0	1				
	Canditions, if ony, which (b) Generalized Troles orderoses Jargens											
gave rise to immediate DUE TO					9	0	,					
	lying cause last.	(c		Keule,	1-c"	ulle	17					
\ S	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE T	TERMINAL DISEA	SE CONDITION	GIVEN IN PA	RT 1(a) 19	WAS /	RMED?
- ₹											YES 🔲	NO 😉
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter nature of injut	y in Port For Po	ort of item 1B	}			
-		Month, Day Yes	- 20- 11	NJURY OCCURRED 2	On PIA	CE OF INJURY (Hame,	form 206 /C	by on Louis		(County)		(State)
MEDICAL	Hour a.m.	19	While	Nat while	fact	ary, street, office bldg.	., etc.)	ty or town;		(County)		(Signa)
2	p. m.			k at work								
	21. I certify that	t 🗱 (this hospital) attend	led the deceased fr								
	saw the deceas	ed alive on 7	-14	19.6., and the	hat d	eath accurred of	M, fran	n the causes	and on t	ne date		
	220 SIGNATUR	Inre!	W	onits	> ,	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.			221	SIGNED
	22c. PHYSICIAN'S			1/07/7		22d. ADDRESS	SPRING	GROVE	STATE	HO	SPIT	AT.
	NAME (Type)	BEIN	77-6	ROPI	2			ille-28				Like
230	BURIAL, CREMATION	N. 23b. DATE THEREC	F	23c NAME OF CEMET	ERY OF	CREMATORY		ATION (City, to			(State	e)
	REMOVAL (Spec fy)		962	New Cathe	dr	1 Cemetery			ore, M	_		
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			REC'D BY REGI		REGISTRAR'S		E	
1/2	Enclov 9	unesal,	2/000	Caton	svi.	le. Mil. DATE	MAY 2	9 '62	17 11	2 1 .		

DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPIT may be

VR A15 (4) 1SM 9/S9

after death. Page 4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL ERTIFICATE OF TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I director. Page for your files. e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and g ve neerest town) write RURAL and give necrest lown) LIFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? the funeral refained he State B 4813 Kenwood Avenue YES NO 🔀 Leslie Avenue NAME OF First 4. DATE Middle Month Year DECEASED OF the (Type or print) DEATH 19 62 THET MA ELIZABETH CASSEDY Mav with # 5. 5EX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 will 5 may Id 2 wi hours last birthday) Months Days Hours MIn. WIDOWED DIVORCED Female. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page E C lione during most of working life, even if retired) HOUSEWIFE HOME BALTON MD. pages 13. FATHER'S NAME 14. MOTHER'S MAIREN NAME CHARLES MCCLELLAND SCHEMME EDNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or detes of service) 25 LESLIE 12-05-6 EDRL CASSEDY 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracerebellar hemorrhage MMEDIATE CAUSE (e) in pencil Office DUE TO burial certificate should if eny, `whlch (b) geve rise to immediate cause Examiner's DUE TO (e), stalling the underlying ä cremation, o PART I., OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? Arteriosclerotic cardiovascular disease G NO hould 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I or item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, ... 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While 8 Hour e.m. at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion 0 MEDICAL be forwarded to AL DIRECT Natural causes X Suicide Homic'de Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) R. Breitenecker. M.D. Address (Street city, town, or county) NE NE 220, BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Ste el REMOVAL (Specify) ò 40 BURLAL 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTO VS. ATSME Lug & Henry 5M 9 6D

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



15M 7/61

MARYLAND STATE DEPARTMENT OF TRACE, BALTIMORE 1, MARYLAND 27
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27

CENTIFICATE OF DEATH 05432

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whate decaased hived, if Institute	on: Rasidence bafore admission)
Baltimore MARYLAND	a. STATE b. COUNTY Maryland	_ /
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA)	Land give nearest town)
Fort Howard 48 days	Baltimore	2.101 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	1 6. IS RESIDENCE
		ON A FARM?
Veterans Administration Hospital	642 Iakewood Avenue	Pay Year
DECEASED	OF More	0 60
(Type or print) WILLIAM T.	CHACHUISKI DEATH May	
5. SEX .6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UND last birthday) Month	
Male White WIDOWED DIVORCED	January 8 , 1921 41 ***	
10a. USUAL OCCUPATION (G va kind of work dona during most of working life, avan it refired)	RY 11, BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Salesman Pictures 13. FATHER'S NAME	Baltimore, Maryland	U.S.A.
John Chachulski	Tillie Kordonski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.		
Yes WW-11 214-26-9611 C1	Linical Records, VAH, Fort How	ond Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	crifficat Records, VAII, Fort Now	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: CARCTHOMATICETE		ONSET AND DEATH
IMMEDIATE CAUSE (a) CARCINOMATOSIS		Unknown
1 /5 / X DUE TO		
GARGESTON BANGE	710	
Conditions, if any, which CARCINOMA, PANCE	EAS	Unknown
CARCINOMA DANCE	EAS	Unknown
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. Cancinoma, Pance Due to Carcinoma, Pance Due to Cause last.		
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. [c] CARCINOMA, PANCE [b] CARCINOMA, PANCE [c]	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN 1	PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. [c] CARCINOMA, PANCE [b] CARCINOMA, PANCE [c]		PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. [c] CARCINOMA, PANCE [b] CARCINOMA, PANCE [c]	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN 1	PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which gave rise to immadicial cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Operation: (VAH DUBLIN, GA) CA OF PANCE 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN REAS, METASTATIC TO LIVER, OC	PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Operation: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN STREAS, METASTATIC TO LIVER, OC. D. (Enter nature of injury in Peri I or Part II of Itam IB) ACE OF INJURY (Home, farm, 120f. (City or town)	PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which gave rise to immadicia cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Operation: (VAH DUBLIN, GA) CA OF PANCE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m.	REAS, METASTATIC TO LIVER, OC	PART 1(1) 19. WAS AUTOPSY PERFORMED? t 1961/les NO
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying causa last. PART II. OTHER S GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of Injury Month, Day, Year Hour a.m. P.m. 19 CARCINOMA, PANCE 20b. CARCINOMA, PANCE 20b. DESCRIBE HOW INJURY OCCURED 20b. DESCRIBE HOW INJURY OCCURED 20b. PL. While Not While 20b. Pl. Month, Day, Year 20d. Injury OCCURRED 20c. PL. While 20b. Describe How Injury OCCURRED 20c. PL.	REAS, METASTATIC TO LIVER, Oc. C. (Enter nature of injury in Peri I or Part II of Iam 18.) ACE OF INJURY (Hame, farm, 20f. (City or town) thory, street, office bldg., atc.)	PART 1(0) 19. WAS AUTOPSY PERFORMED? t 1961/les NO
Conditions, if any, which gave rise to immadicia cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Operation: (VAH DUBLIN, GA) CA OF PANCE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m.	REAS, METASTATIC TO LIVER, Oc. D. (Enter nature of injury in Peri I or Part II of Iam IB) ACE OF INJURY (Home, farm, 20f. (City or fown) thory, street, office bidg., alc.) March 15 7, 19 62to May 2	PART 1(e) 19. WAS AUTOPSY PERFORMED? 1961res NO 14 (County) (Stete)
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANCE 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CETTER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PL While Not While at work at work at work at work at work at work at work.	REAS, METASTATIC TO LIVER, Oc. C. (Entar nature of injury in Peril for Part II of fam 18.) ACE OF INJURY (Home, farm, lory, streat, office bidg., atc.) March 15. 19. 62to. May 2. It death occurred at A.M., from the causes and of the course of the course of the causes and other courses.	PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? NO 14 (County) (Stete) 19.62, that (*) (we) last on the date stated above. 275 DATE
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying causa last. PART II. OTHER S GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While at work at work. 21. I certify that (K (this hospital) attended the deceased from saw the deceased alive on May. 2	REAS, METASTATIC TO LIVER, Oc. D. (Enter nature of injury in Peri I or Part II of Iam IB) ACE OF INJURY (Home, farm, 20f. (City or fown) thory, street, office bidg., alc.) March 15 7, 19 62to May 2	PART 1(e) 19. WAS AUTOPSY PERFORMED? t 1961res No [1] (County) (Stete) 19.02, that (i) (we) last on the date stated above.
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OPERATION: (VAH DUBLIN, GA) CA OF PANCE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CITY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year While Not While at work at work at work at work at work at work 19 more saw the deceased alive on May. 2	REAS, METASTATIC TO LIVER, October 10 to 1	PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? NO 14 (County) (Stete) 19.62, that (*) (we) last on the date stated above. 275 DATE
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying causa last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at work 10 at work 11 at work 12 and that 22a. SIGNATURE	REAS, METASTATIC TO LIVER, October 10 (City or fown) ACE OF INJURY (Home, farm, 120f. (City or fown) March 15 19 626 May 2 It death occurred at	PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? NO 14 (County) (Stete) 19.62, that (*) (we) last on the date stated above. 275 DATE
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying causa last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of Injury Month, Day, Year While Not While at work 19 mer	TREATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN STREAS, METASTATIC TO LIVER, OC. (Enlar nature of injury in Peri I or Part II of Iam 18) ACE OF INJURY (Home, farm, 100 of Iam 18)	PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? NO MANUAL
Conditions, if any, which gave rise to immadicia cause (e), stating the underlying causa last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANCE OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year While Not While af work at work	TREATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN STREAS, METASTATIC TO LIVER, OC. (Enlar nature of injury in Peri I or Part II of Iam 18) ACE OF INJURY (Home, farm, 20f. (City or fown) thory, streat, office bidg., alc.) March 15 19 62to May 2 I death occured at A.M., from the causes and office bidge, alc.) ALD ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 22d. ADDRESS VAH FORT HOWARD, MD	PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? NO MANUAL
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANCE (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year And While Not While at work a	REAS, METASTATIC TO LIVER, October 10 (Enter nature of injury in Peri I or Part II of Iam 18) ACE OF INJURY (Home, farm, 20f. (City or town) ACE OF INJURY (Home, farm, 20f. (City or town) March 15 10 62to May 2 It death occured at A.M., from the causes and of ATTENDING MED, DIRECTOR PHYS. 22d. ADDRESS VAH FORT HOWARD, MD OR CREMATORY 23d. LOCATION (City, fown or cause) AUS FMERRY ALT MO	PART 1(e) 19. WAS AUTOPSY PERFORMED? t 1961res No 14 (County) (Stete) 1962, that (X) (we) last on the date stated above, 22b DATE 5/2/62 SIGNED, Ounty) (State) RE MD,
Conditions, if any, which gave rise to immadieta cause (e), stating the underlying causa last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OPERATION: (VAH DUBLIN, GA) CA OF PANC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of Injury Month, Day, Year While Not While at work 19 mer	REAS, METASTATIC TO LIVER, October 10 (Enter nature of injury in Peri I or Part II of Iam 18) ACE OF INJURY (Home, farm, 120f. (City or town) ACE OF INJURY (Home, farm, 120f. (City or town) MATCH 15 19 62to May 2 It death occured at A.M., from the causes and of the course of th	PART 1(e) 19. WAS AUTOPSY PERFORMED? t 1961res No 14 (County) (Stete) 1962, that (X) (we) last on the date stated above, 22b DATE 5/2/62 SIGNED, Ounty) (State) RE MD,



05433

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

O	5	4	2	K
• -	\sim	7	Calle .	l J

/	
(M
/	

after death. Page 4

FUNERACCORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ages 3 shauld be detached for use as the burial transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

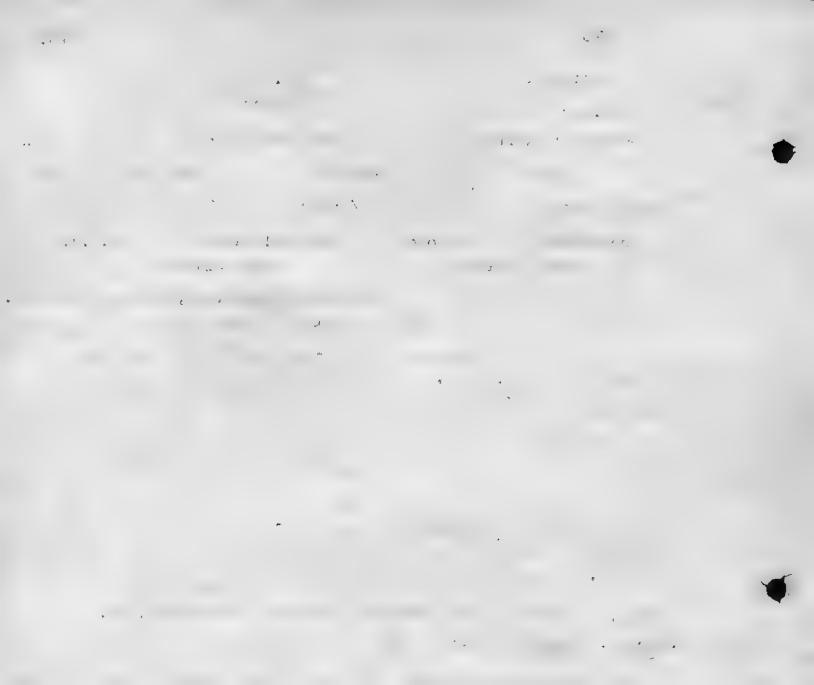
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by tille hospital or attending physici∎n. may be FUNERAL HOSPIT

2	_	2	-	*
VR 15				

	give street address)	OF STAY IN 16	c. CITY OR	TOWN (If outside corp	orote limits, write RL	JRAL ond give	nearest town)
HOSPITAL (If not in hospital, UTION Foxleigh		-		M	iami Beach	į	48 X . 0
D16	100.00.00.00	e	d. STREET A	- 4			e. IS RESIDENCE ON A FARM? YES NO
1 /1/0	DDA	Middle CHE/E	TOK (CH	1-pot- 1 OF	64.4	h Y 1	Doy Year 4 1962
4					9 AGE (In years lost birthdoy)		AR IF UNDER 24 HRS /S Hours Min
CUPATION (Give kind of work of working life, even if retire	done 10b. KIND OF BU	USINESS OR INDU			1	12.CITIZEN	OF WHAT COUNTRY
			14 MOTHER'S				
				Sarah ?			
SED EVER IN U. S. ARMED FC	SOCIAL SEC			STER 7939			Zone_8
T I DEATH WAS CAUSED BY.	(o) the	mia	7. 4-			4	NTERVAL BETWEEN ONSET AND DEATH
stating the <u>under-</u> DUET		Priosch (Ilse	200	Vascel	lau	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE (HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, Doy, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, Year 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, YEAR 20d. INJURY OCCURRED 40c. TIME OF INJURY MONTH, DOY, Y							
	While Not w	hile fo			ity or town)	{Cour	nty) (Stote
21 1 certify that (1) (this haspital) attended the deceased fram							
220 S GNATURE GOVERNMENT STAFF SIGNATURE OF STAFF S							226. DATE SIGNEI
22c PHYSICIAN'S NAME (Type) Leonard Golombek 22d ADDRESS Woodmoor Shopping Center.						rter,_L	iberty_Rds
EMATION, 236, DATE THERE Specify) 5/15/6					ltimore,	Maryla	
					_		
2 COST ON AN ER COST, USE THE CAR A CITY OF THE	ASED EVER IN U. S. ARMED FOWN (If yes, give wor or date of the working life, even if retire outs even (If yes, give wor or date of the working life, even if retire outs even (If yes, give wor or date of the working life, even if retire outs even (If yes, give wor or date of the working life, even if retire outs even (If yes, give wor or date of the working life, even if retire outs even working life, even if retire outs even working life, even if retire outs even outs even working life, even if retire outs even working life, even if retire outs even in the working life, even in the w	ASED EVER IN U. S. ARMED FORCES? IMMEDIATE CAUSE OF DEATH IN TOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF INJURY Month, Doy, Year O'M. RIP MEDICAL EXAMINER OF INJURY Month, Doy, Year O'M. DESCRIBE HOW RIP MATERIAL CONDUCTIONS CONTRIBUTE OF INJURY Month, Doy, Year O'M. DESCRIBE HOW RIP MATERIAL CAUSE OF DEATH NOTIFY MEDICAL EXAMINER RIP MEDICAL EXAMINER RIP MATERIAL CONDUCTIONS CONTRIBUTE O'M. DOY, While Of Work Of Work Of Work Of Work RIP DEATH (I) (this haspital) attended the deceased alive an Injury Occurs RIP MATERIAL CONDUCTIONS CONTRIBUTE CIAN'S E (Type) Leonard Golombek REMATION, 236. DATE THEREOF REMATION, 236. DATE THEREOF ADDRESS SIGNATURE ADDRESS AND THE MEDICAL CONDUCTORS CONTRIBUTE OTHER SIGNATURE ADDRESS AND THEREOF ADDRESS AND THE THEREOF ADDRESS AND THER	ASED EVER IN U. S. ARMED FORCES? If yes, give wor or dales of service) DUE TO DUS IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OUT WAS UNDERLYING (C) THE IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF INJURY Month, Doy, Year Porm, Manual Control of the day of work of the deceased fram. ASED EVER IN U. S. ARMED FORCES? (b) DUE TO DUE T	ASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DAVID CHEST COUNTY OF IMMEDIATE CAUSE (a) The time diote to make the service of the s	ASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BY THE TO DEATH ASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BY THE DEATH (Enter only one couse per line for (o), (b), and (c). BY THE DEATH WAS CAUSED BY. IN 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA BY THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA BY THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA BY INDICATE WAS UNDERLYING DOWN ON While of work of one work of the deceased from the condition of the con	Middle CHERTOK (CHESTER) A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yoors to be working life, even if retired) White Widoweed DIVORCED Jan 1891 9 AGE (In yoors to be working life, even if retired) WIDOWED Home RUSSIA. REASIA. 14 MOTHER'S MAIDEN NAME RUSSIAL RESERVENCY RESERV	Month OD A Maried Never Married B. Date Of Bath MAY Death May Death May Color or Race 7. Married Never Married B. Date Of Birth P. Age In year Married Divorced Jan 1891 P. Age In year Months Doy Divorced Jan 1891 P. Age In year Months Doy Divorced Jan 1891 P. Age In year Months Doy Divorced Jan 1891 P. Age In year Months Doy Divorced Jan 1891 P. Age In year Months Doy Double Club Divorced Jan 1891 P. Age In year Months Doy Double Club D



ARYLAND STATE DEPARTMENT OF HEALTH



15M 9/60

rithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05430

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence bafora admission)
	a. COUNTY	e. STATE b. COUNTY
4	Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete l'm'ts, write RURAL and give neerast town)
l/	write RURAL and give nearest town)	
ノ	Catonsville : for years d NAME OF HOSPITAL OR INSTITUTION (Finot in hospital, give streat address)	Catonaville d STREET ADDRESS o. IS RESIDENCE ON A FARM?
X	Jied at her residence	701 S. Rolling Poad YES NO XX
	3. NAME OF First Middle	Lest 4. DATE Month Dey Year
	(Type or print) MALCAPTO POYOTTS COF	OF DEATH May 17 1962
		8. DATE OF BIRTH 9. AGE (In years HE JNDER I YEAR) IF UNDER 24 HRS.
	Female White WIDOWED XX DIVORCED	Sent-7-1880 Last birthdey) Months Deys Hours Min.
		RY 11 BIRTHPLACE (County & Stets, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
	none , none	. !'eadville, N.Y. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
\	Pev. John '. Pontius	Ida Apple
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	INFORMANT Address
		w.P.Coblentz (son) Paltirore, 'd.
	18. CAUSE OF DEATH [Enter only one cause per line for ,e) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	relement 460m -
	450 0 DUETO CON 1.50 6	2) 1 1
	Conditions, if eny, which (b)	liboles goods_
	geve rise to immediate causa DUE TO ()	Schi Of :
	couse lost. (c) CNC+ougoil	Atrio Helicosis 2900
	PART I OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED?
		YES NO .
	PART I OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH 1 (IF ETHER, NOTIFY MEDICAL EXAMINER,	D. Enter nature of in ury in Part or Part II of Item 18.]
		ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) ctory, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	(Occl) 1935, to Alder 17 1901, that (1) (wa) last
	saw the deceased alive on N. L. 1902, and that	at death occured at
	22a. AGNAPURE	ATTEND NG MED. STAFF S GNED
		M.D. PHYS. DIRECTOR PHYS
	22c. PHYSICIAN'S NAME (TYPE) of the tope FONT	"lom year Ford - 7st Pailst
	230. BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (C ty, town or procty)
^	burial 'ay-19-62 Reformed Chi	urch Cem Widdletown aryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
N	Stewart . Nowen Co. 10g-1- orth-Av. 1911c	O. I. DATEMAY 21 '62 Circlus S. Kraus



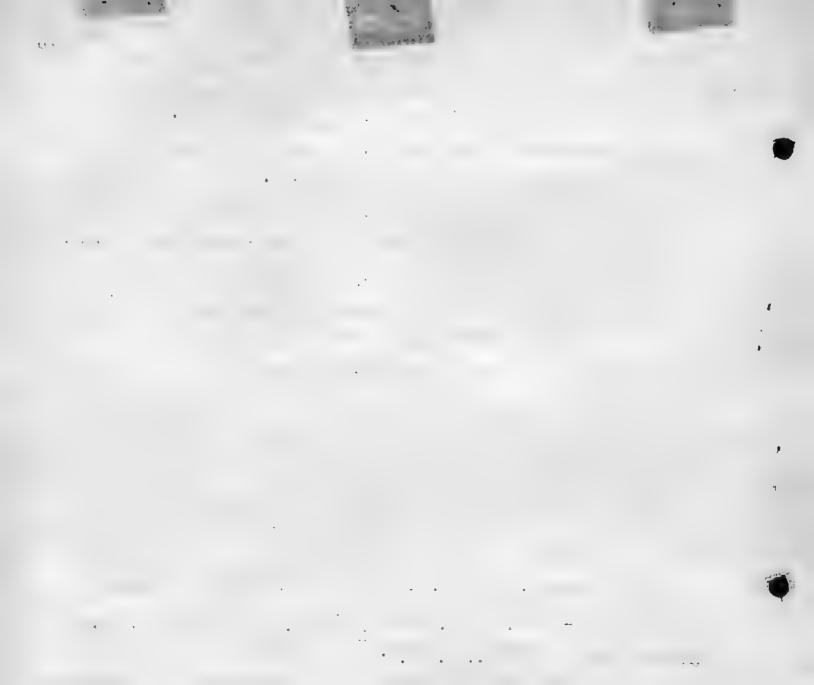
.

DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05436 funeral should . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNT a. STATE b. COUNTY MARYLAND LIMONT b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) write RURAL end give nearest town] filled in Pages 1 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give IS RESIDENCE ON A FARM? YES NO D NAME OF DATE Month Dey DECEASED OF (Type or print) DEATH 196 2 16 6. COLOR OR RACE , 7. MARRIED THEYER MARRIED 1 8. IF UNDER 24 HRS DATE OF BIRTH AGE (In years , IF UNDER I YEAR) last birthday) Months Davs Hours WIDOWED [DIVORCED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any ₽. Then please ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) on linewn 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ddy IMMEDIATE CAUSE (e) DUE TO Conditions, flery, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS ALTOPSY PERFORMED? NO 206 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW NJURY OCCURED (Enter neture of injury in Pert I or Pert II or Per (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 1 20d, INJURY OCCURRED 1 20g, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work pm. 21. I certify that (I) (this hospital) attended the deceased from /// d.t/.... 19.6.2 that (I) (we) last .., and that death occured at/1...AM, from the causes and on the date stated above. saw the decessed alive on., 3 GINATURE 22b, DAYE S GNED ATTENDING DIRECTOR PHYS. PHYS MD. HYSICIAN S 22d ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 0 250, REC'D BY REGISTRAR, 256, REGISTRAR'S SIGNATURE **VR A15 (4)** EUNERAL DIRECTOR'S SIGNATURE 1SM 7161



	MARYLAND STATE DEPARTMENT OF HEALTH						
2	100	VIMIN OF TYATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR					
7 70		0543? CERTIFICATE OF DEATH	05432				
s after funeral should	1. PLACE C	OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If in:					
2 4 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	130	Planing, Could MARYLAND B. STATE Marcilland b. COUNTY	Balto City				
by the	b. CITY O	OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write if RURAL and give nearest fown)	RURAL and give necrest town				
6 E- 2 7 A	asi.	14 000	3V11.4				
rithin Filled in Pages urs after	WANTE	OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS	on a FARM?				
	UJO	Heigh NURSING Home 9/7 Fobler Hill	TOPO YES NO X				
npletely papers.	J. NAME O	OF And Andrew Last DATE Month	Day Year				
ž 5 - E	(Type or p	Live Bacon Contact 1/101	8 1962				
be ex and cor carbon it, withi	5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) II	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
ficate I circove ca event,	10a. HSUAL	OCCUPATION (Give kind of work Db. KIND OF BUSINESS OR INDUSTRY II BIRTIPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	done during	most of working life, even if retired. MEMPHIS, TENN.	USIA				
certifi physic any e	13. FATHER	111111111111111111111111111111111111111	010///				
		JAMES MCCAIN ELIZABETH MCCO	in				
Part (I)	15. WAS DE	CFASSI SVEP IN II C ADMIST EXPLICE 14 SOCIAL SECIENTY NO. 17 THIS COMENT					
that the an the attendary in the attendary is removal, a	{Yes, no, or t	unkown) (Ifyesg vewerordetesofservice) W. BEORGE SCARLETT 917	POPLAR HILL KO.				
s than an a		SUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN				
uire Vsici d b Den or	PA	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congenting Heart Failure					
Participation of the second of	142	20,0 DUE TO (1)					
e law re nding pl xech sign ial-trans crematio		ons, if any, which (b) Classics to Course Heart Descont	~				
	(e), stati	ting the underlying DUETO					
N: The or attention of the burial,	cause la	ET II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	NIN PART Latt 19, WAS AUTOPSY				
tal tal	일 /2		PERFORMED?				
hosp certifi r use prior	200, AC	CIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nevure of injury in Pert I or Part II of from 18.)	,				
PHT The last of the last of th	200, AC OR CON (IF EITHE	ITRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)					
Fer thed	ZOc. TIA	ME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. [City or own)	(County) (State)				
Ped Pied Of	WED H	lour a.m. While Not While Pactory, street, office bldg., etc.]					
Dept.		certify that (I) (this hospital) attended the deceased from 8 -1/1-62, 19 , to 5 - 5					
E E E E E		ne deceased alive on					
OLE Sho Sho Sho	22e. SIG	GNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	AMA CAL SIGNED				
RAIL AND	22c. PH	TSICIAN'S M.D. PHYS. DIRECTOR PHYS. 4	11109 8 6 6				
		AME (Type)	Rel Pubrillo 8, Md				
HOSP eath rector, filed v	23e. BURIAL	L, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown	n or county) (State)				
P G G G G	REMOVA 13 (1)	RIAL 5-10-62 ROCK CREEK WASHING	TON, DIC.				
VR A15 (4)	24 FUNERAL	1 DIRECTOR'S SIGNATURE ADDRESS ADDRESS D. MITCHELL & SONS. FINC 1900 EUTHWPL 250. REGISTRAR 25b. REGI					
15M 9/60	TOHNI	O, MITCHELLY SONS, FAC 1900 EUTHWPL, DATE WAY 1 0 '62 CIL	ing S. Thank				



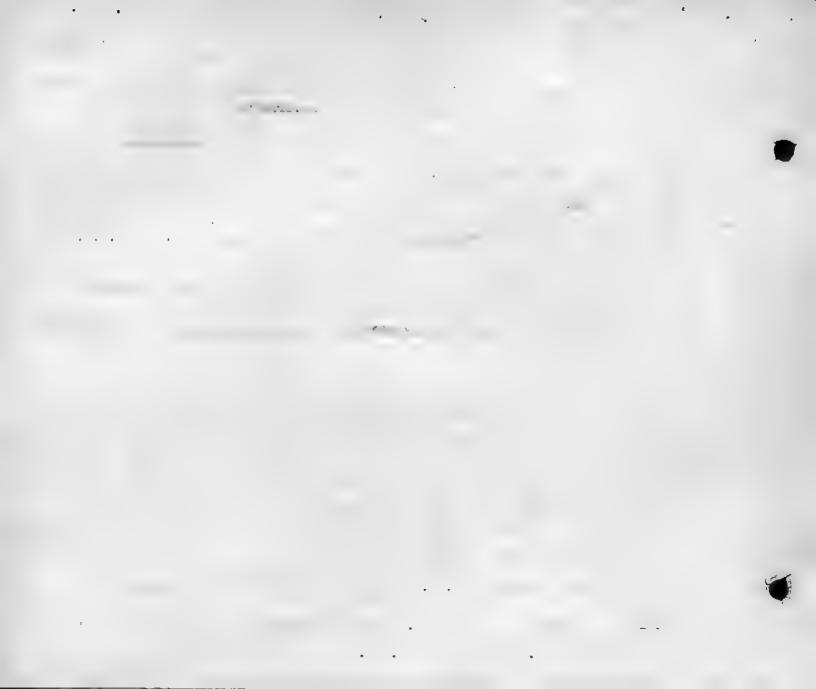


TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed leved, If institution i Residence before egmiss on) e. COUNTY b. COUNTY Baltimore Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) FORT HOWARD 52 days Severna Park filled in Pages d. STREET ADDRESS Box 696, Route d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Veterans Administration Hospital St. Martin's Lane, YES NO TX completely NAME OF Middle 4. DATE Month Des DECEASED (Type or print) FREELAND М. COOKE 62 DEATH May 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. pue Jast birthday) Months Days Hours White November 9, Male WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fireman Experimental Station Chatham County, N. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Seymour Cicero Helsing Cooke 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records "VA Hospital (Yes, no, or unkown) (lilyes give wer or detes of service) Yes Fort Howard, Maryland 1B. CRUSE OF DEATH [Enter only one cause per line for ,e), (b), end (c).] INTÉRVAL BETWEEN DEATH WAS CAUSED BY: CARCINOMA OF PROSTATE WITH BONE METASTASIS IMMEDIATE CAUSE (e) DUE TO Conditions, fany, which geve rise lo immediale cause **DUE TO** (a), sleting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Iem 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Bour e.m. et work at work 21. I certify that (IT (this hospital) attended the deceased from... May 62, and that death occurred at 20 PM the causes and on the date stated above.19 saw the deceased alive on 22a SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) SEBASTIAN RUSSO. VAH, FORT HOWARD, MARYLAND Μ. 23e. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION ,City, town or county) ,Stete) REMOVAL (Specify) Baltimore Maryland. Balto, National Cemetery BURTAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wim Cook Blight Inc. 6009 Harford Rd. 14. 1SM 7 61 DATE

ithin 24 hours at

death certificate be

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I yad, If 'nstitution, Residence before admission) a. COUNTY b. COUNTY MARYLAND 地口 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'da corporata limits, write RURAL and giva naarast lown) b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) Pages 9 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Ē 3 YES NO completely 3. NAME OF 4. DATE Month Yaar Midd.s OF DECEASED DEATH (Typa or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX . MARRIED and co last b'rthday) | Months Hours WIDOWED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) there breeze 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Addrass (Yes, no, or unkown) (Ifyas giva war or datas of sarvica) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one cause per line for (a), ,b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which (6) gava risa lo immediala causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 1 206. DESCRIBE HOW INJURY OCCURED (Entar natura of injury in Part I or Part II of Itam 18.) 20a ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20s. PLACE OF INJURY (Homa, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INSURY OCCURRED 20f. (City or town) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work ...19.62, and that death occured at P.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23b. DATE THEREOF 23d. ECCATION (City, town or county) 230. BUR AL, CREMATION, REMOVAL (Specify) å ë: 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b.** COUNTY Baltimore Mary land MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Catonsville 1 mth 3dys Baltimore 2. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARME SPRING 313 E. Cross Street YES NO NAMEOF 4. DATE Month Middle DECEASED OF (Type or print) Edith Cripps DEATH 19 62 and cor 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR est birthdey) | Months | female white WIDOWED OLYORCED 10a. USUAL OCCUPATION [G've kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Doyle Ida Myers 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Records: STATE unkown unknown SHR TNG 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) Coronary Artry Disease Conditions, if eny, which (6) gove rise to immediate cause **DUE TO** Arteriosclerotic Cardio-vascular Dis ease (e), stelling the underlying ceuse fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY PERFORMED? Decubitus Ulceration 200, ACC DENT WAS JNDERLYING LI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work 19.62 to May 21, 19.62 that (I) (we) last 21. I certify that (f) (this hospital) attended the deceased from April 18 saw the deceased alive on. May 21 19.62, and that death occured a 4.450, from the causes and on the date stated above. 22s. SIGNATURE ATTENDING PHYS. STATE 22c. PHYSICIAN'S 22d. ADDRESS . Cholmondelev Catonsville 28, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF (Siete) REMOVAL (Specify) 0 5-24-1962 Codar Hill Ramadal 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) m. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN IL OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, n. IS RESIDENCE ON A FARM? YES NO Z pletely 3. NAME OF DATE DECEASED OF (Type or print) DEATH 19 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last burthday) Months DIVORCED physician IDs. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! (County & State, or fore gn country) done during most of working life, even it retired) 13. FATHER'S NAME Then please 15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes. no. 18. CAUSE OF DEATH [Enter only one cause per line, for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b)_ geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY NOF PERFORMED? NO CERTIFICA 20a ACCIDENT WAS UNDERLYING TO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 203. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) factory, streat, office bldg., etc.) While Not While Hour s.m. at work el work p.m. 62 and that death occurred at 0PM, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATUR REC'D BY REGISTRAR 256 REGISTRAR VR A15 (4) 1SM 7 61

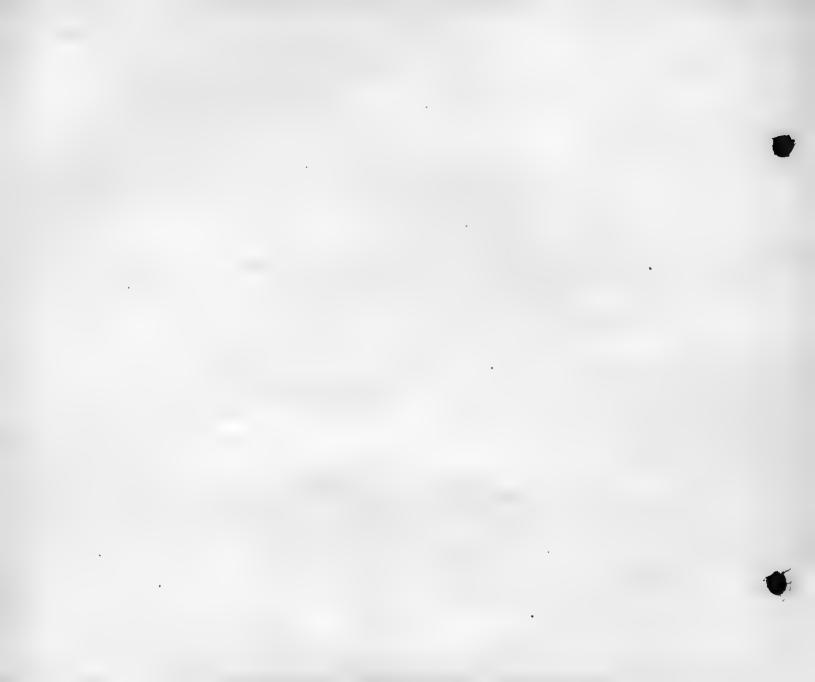


RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before edmission) is net.

director. Person files. e. COUNTY e. STATE **b.** COUNTY BARTHORE MARYLAND b. CITY OR TOWN (I outside corporate I mits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Soard of P waite RURAL and give nearest town) BALTMORE d NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give streat address) d. STREET ADDRESS . IS RES.DENCE ON A FARM? 3026 21 FORNIA YES NO L 3. NAME OF Middle 4. DATE Month DECEASED the (Type or print) DEATH SE SE 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 3 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER may last birthday) Months Days Hours I Min. WIDOWED [DIVORCED Z_ yrs. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MAZHINIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, prunkown) (if yes give war or detes of servica) CRUSSE CHULFURNIH 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immediate ceusa **DUE TO** (e), stating the underlying cause lest. PART II OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? YES NO 125 200 EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Entar nature of invury in Pert I or Part f, of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2De. TIME OF INJURY 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Month, Day, Yaar (County) (State) Not While fectory, street, office bldg., atc.] While el work et work 21 I certify that I took charge of the remains described above, held an Autopsy | . Inspection |and in my opinion death resulted from. Natural causes 124 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for DEPUTY MEDICAL EXAMINER TO EXAMINER'S NAME (Typa) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION, REMOVAL (Specify) 수 발 성 WARDEN 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR arily & Thomas '62 5M 7/59 DATEJUN



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05440 05445 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed o. STATE **b** COUNTY MARYLAND unoul b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) MAG. atomanule d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET e. IS RESIDENCE OR INSTITUTION ON A FARM? none YES NO IL pup NAME OF Middle 4. DATE Manth Year DECEASED DEATH (Type or print) S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS fost birthdoy] Months Days Hours WEADON WIDOWED DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dufing most of working life (even if retired) pup ouseur. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician .⊑ 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TO NO Z 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Nat while at work 🔲 ot work 📋 p. m. 21. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an 11164 M, from the causes and an the date stated above. -, and that death accurred all 22a SIGNATURE 22b. DATE ATTENDING PHYS JAED DIRECTOR STAFF M.D. 22c PHYSICIAN'S 22d. ADDRESS 23o. BURIAL, CREMATION. 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LQCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 2 8 '62 worms S. Trave 1SM 9/59 Mark



1:	7	MAR	YLAND STATE DEPARTMENT OF	HEALTH
ू हुन) & (c)	DIVISION OF STATISTICAL RESEA	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND
affe		1. PLACE OF DEATH 6. COUNTY		CE (Where deceased lived, if Institution; Residence before admission) b. COUNTY
4 hours by the fi and 2 s	M)	BALTIMOR & b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Dallac V	If outside corporate limits, write RURAL and give nearest town)
d in 2		d. NAME OF HOSPITAL OR INSTITUTION (If not 'n	osp.te., give street eddress) d. STREET ADDRESS	RLEA.
fille Pag urs a	X	7005 LINDEN	A 1	ON A FARM
etely pers 2 ho		3. NAME OF First	Middle 11/005 L1	4. DATE Month Day Year
d completion 72		(Type or print) 5. SEX DECEASED (Type or print) 16. COLOR OR RACE 7. MAR	A. DANYSMANN RIED NEVER MARRIED 8. DATE OF BIRTH	19. AGE (In yours If UNDER 1YEAR IF UNDER 24 HRS.
icate b cian and ove cari event, v		LI STEEL STATE OF THE STATE OF	WED DIVORCED APRIL - 26 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (COU	1901 (a) birthday) Months Deys Hours Min. 11y & Stefa, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
th certifi g physicsse removed			TeeL BALTIMON	NAME CITY U.S. A.
he deal ittending en plez al, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Iffyesgivewerordalesofservice)	6 SOCIAL SECURITY NO 17. INFORMANT MAN	MOHL NE Address
hat the atthe		18. CAUSE OF DEATH [Enter only one cause po	13-07-6560 Heife - MAS, MA	RY M. DANNEMANN - Jecs LINDEN - AUG
ysician ed by permi		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Coronary Thombosis	ONSET AND DEATH
aw re- ling ph in sign transi		Conditions, if ony, which (b)	edio-Vascular Hyperte	usine Disease 14 YEARS.
The 1 Iffend Iffend s bee surial If, cre		geve rise to immediate cause (e), stating the underlying DUE TO		
or a the hartise the burise	0	ceuse test. (c) PART II. OTHER S GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICIA ipital lifica e as r to	U	PART II. OTHER S GNIFICANT CONDITIONS C		PERFORMED? YES NO NO
PHYS the hos this cert d for us		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in	Peri 1 or Peri II of item 18.)
NDING ined by it. After detache t. of Hea		QQ Hour e.m. W	d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fer factory, street, office bldg., etc ork et work	J ,
ATTE be reta ECTOI ould be ate Dep		saw the deceased alive on MARCA		1948 to MAY 20, 1963, that (I) () last A.M. from the causes and on the date stated above.
DIR DIR 3 she		mickael O. Day		MED. STAFF SIGNED DIRECTOR PHYS. May 20 1962
Fra I		22c PHYSICIAN'S NAME (Type)	22d. ADDRESS 46.36 B	CLAIR-BOAD.
HOS 14h. FUN ector filed	~	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
5 Sp. Fig. 3	73	BURIAL MAY 23 196	2 SACRED HEART CEM	CERMAN HILL RO MO
VR A15 (4) 15M 9/60	13	24 FUNERAL DIRECTOR'S SIGNATURE	O RELAIR RA DATE	TO BY REGISTRAR 256. REGISTRAR'S SIGNATURE 最好 2 2 162
	1	Jan 1900	JE-AIN KN IDAIE	



 		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05442
ours after 2 should h.	M	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission b. COUNTY BALTIMORE
in 24 ho d in by thess 1 and after deat	X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) TOUSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) or CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOUSON d. STREET ADDRESS or IS RESIDENCE
pletely filled papers. Pag		400 ALLEGHENY AVENUE 400 ALLEGHENY AVE, VES I NO DECEASED Lest 4. DATE Month Day Year
ificate be exe ician and com nove carbon p event, within		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMALE WHO WED DIVORCED NOV. 18 1868 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Devs Months Devs Min. Months Min. Months Devs Min. Months Min. Months Min. Min. Months Months Min. Months Month
e death certi tending phys an please rem I, and in any	(I	HOUSEWIFE HOUSEWIFE MARYLAND 13. FATHER'S NAME VIKNOUN 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
vician. yelician. yel by the all permit. The		(Yes, no, or unkown) (Ityesgive were dates of service) FAMILY RECORDS 18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), end (c).] PART I. DEATH WAS CAUSED 89; IMMEDIATE CAUSE (s) MUDICAL CHIEF ONSET AND DEATH STOPP
It. The law red or attending phy has been signs the burial-transit urial, cremation		Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. DUE TO (b) Deletebrocardio vaguebar years (c) column (c)
HYSICIAN e hospital s certificate or use as the	0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING P. In a sined by the R. After this detached for the first the following the sine of		County C
OR ATTE may be rela DIRECTO I should be e State Dep		21. I certify that (I) (this hospital) attended the deceased from
h	1	PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIR
VR AIS (4)	The State of the S	REMOVAL (Specify) WAY 25, 1968 STONE CHAPEL CEM. PIKESVILLE, MARY LAND 24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D 8Y REGISTRAR 25b, REGISTRAR S SIGNATURE DATE MAY 29'62 CIVILING S. KLAMA
VR A1\$ (4)	**************************************	REMOVAL (Specify) MAY 25, 1968 STONE CHAPEL CEM. PIKESUILLE, MARYLAN 24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D 8Y REGISTRAR 256, REGISTRAR 5 SIGNATURE



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 7. USUAL RESIDENCE (Where deceased I ved. if institution; Residence before edmission) 1. PLACE OF DEATH COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (f outs de corporeta limits, c. CITY OR TOWN (If outs de corporata limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write-RURAL and give nearest town) lowson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ollingdale onvalscent flome YES NO TO 3. NAME OF Midd a DECEASED (Type or print) 9. AGE IT YOUR IF UNDER 1 YEAR; IF UNDER 24 HRS. 5. SEX OR RACE T. MARRIED NEVER MARRIED last b rthday) Months DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work B RTHPLACE [County & State, or foreign country] done during most of working infe, even if ret red) Retured Carpenter MOTHER'S MAIDEN NAME 13. FATHER'S NAME Address 16 SOCIAL SECURITY NO.1 17 (Yes, no, or unkown) (Ifyesg vewerordetesofsarvice) same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) geve risa to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)) 19, WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 1 2Df, (City or town) (County) (State) Month, Day, Year factory, straet, office bldg., atc.) Not While WEDI Hour e.m. et work at work Closed 30 , 19.65 that (1) (Ne) last 21. I certify that (I) (this hospital) attended the deceased from 3.0.19.4 and that death occured at.. ... M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) NAME OF CEMETERY OR CREMATORY 23s, BURIAL, CREMATION, | 23b. DATE REMOVAL/ (Specify) atterson, emeteri OH ourral 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & thousand 15M 9/60

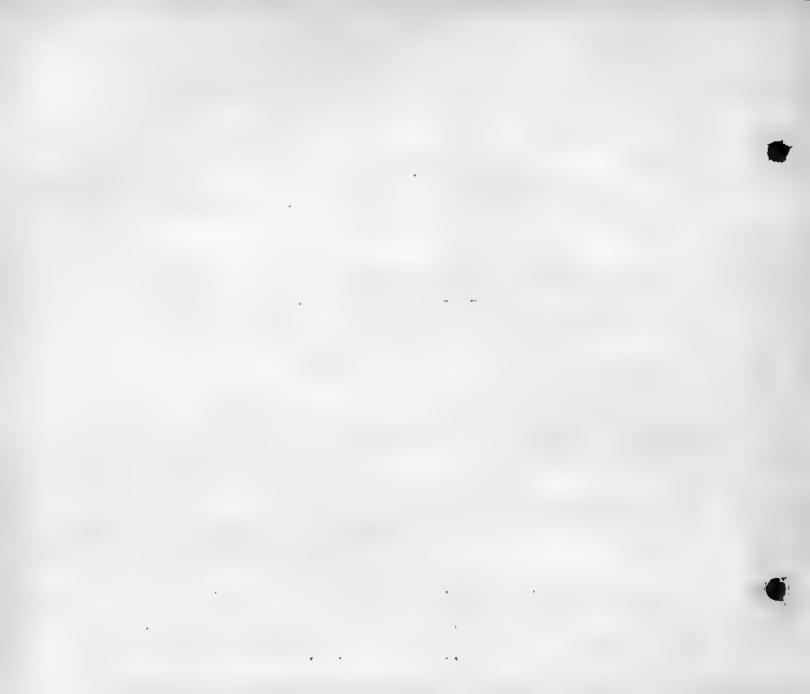


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05444

PART LOOP STAME COUNTY Baltimore	L	05449			CERT	(IFIC	ATE OF	DEATH	ł			Reg. Dis	t. Na.		
B. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) B. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) C. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. COULD AND COLOR	1.	PLACE OF DEATH					2. USUAL F	ESIDENCE (Wh	ere doceos	ed lived. If	Institutio	n. Residen	e befor	re admiss	ion)
B. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) B. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) C. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. CHY OF TOWN (If outside copporate limits, write RURAL and give necessary from) D. COULD AND COLOR	L	Balt	imore		MAI	RYLAND	M	arylan	ıd	Б. С	DUNIT	Balti	lmo:	re	
a STREET ADDRESS 256 RIVETVIEW AVENUE 257 ROSE RESPRESS 256 RIVETVIEW AVENUE 257 ROSE RANGE VERNIE AVENUE 257 ROSE RANGE ROSE RESPRESS 257 RESPR		b. CITY OR TOWN (IF	outside corporate limi	- \		A IN 1P	c. CITY	OR TOWN (If o	ulside corp	orote limits,	write RL	JRAL and g	ive nec	rest fown)
OR RESTRICTION OF RECEIVAGE AVENUE 256 RIVETVIEW AVENUE TO RESERVE AVENUE TO PLEASE OF NOTE AS A SHORT OF RECEIVAGE OF THE PROPERTY OF THE PRO	L	Dunds	alk' (22	2)	25 yea	rs	*. D	undalk	(2	22)					
SAME OF STATE SAME S. COLOS OR RACE 7. MARRIED NEVER MARRIED DOLCT		d NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street o	oddress)		d STREE	T ADDRESS							
DECLATED (Type or pint) CARLO I. DOLCT DEATH May 1st, 1962 5. SEX MARRIED NOVER Min Nover	L	256 I	Riverview	V Ave	enue		2	56 Riv	ervi	ew A	veni	ie.			
CARLO I.e. DOLCI DOLLO DOLCO	3.	NAME OF	Fir	st	Midd	le		Losi			Mont	h	Do	y 1	Yeor
S. SEK S. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVERCED A DT 12, 1886 76 1900			C.F	RLO	L.		DOLCI		DEATH	4	Mar	7 1st		1	19 62
Male White Widowed Divorced April 12,1886 To princety in Months Oays Mourts Mine	5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED 🔲	B DATE OF 8	IRTH		9. AGE (le	р увога				
100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFIACE (Stote or foreign country) 12. CHIZEN OF WHAT COUNTRY during most of working life, seven if refired Steel Tally USA 13. FATHER'S NAME	П	_		Į.		- (April	12.18	86			Months	Doys	Hours	Min
13. FATHER'S NAME JOHN DOLCI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NOTIFIED AND DOLCI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 13. — O9—11.272 G1U11a C. DOLCI Same as #2 10. CAUSE OF DEATH [Finter only one course per limpfor (c), (b), and (c).] PART I. DEATH WAS AUSED BY. JOHN DOLTO IMMEDIATE CAUSE (e) Condition, if only, which gover rise to immediate course (s) tolong the under limps of the under limps of the course (s) tolong the under limps of the under limps o	10	. USUAL OCCUPATION	f (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRT	HPLACE (Stote	or foreign i	country)		12. CIT	ZEN O	F WHAT	COUNTRY
13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per Impetor (o). (b), and (c).] 18. CAUSE OF DEATH Enter only one course per Impetor (o). (b), and (c).] 18. CAUSE OF DEATH MASS CAUSED BY. 18. CAUSE OF DEATH MASS CAUSED BY. 18. CAUSE OF DEATH MASS CAUSED BY. 18. CAUSE OF DEATH 19. CAUSE OF DEATH	忱		ig me, even is rented		Steel		It	alv				U	SA		
15. WAS DECEASED EVER IN U. S. ARABED FORCES? Id. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one course per limptor (c). (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per limptor (c). (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per limptor (c). (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 19. Conditions, if any, which gove rise to immediate course (c), stoting the under lying course lost. (c) Conditions, if any, which gove rise to immediate course (c), stoting the under lying course lost. (c) Conditions (c) Contributions (contributions (contributions (contributions)) 20. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(0) 19. WAS AUTOPSY YES NO PERFORMED? 20. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CON	13	FATHER'S NAME							AME						
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 17. INFORMANT Address 18. CAUSE OF DEATH Enter only one course per limptor (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate course (c), stating the under course lost. (c) Conditions, if only, which gove rise to immediate course (c), stating the under course lost. (c) Conditions (contributing Course lost. (c) Conditions (c) Conditio		John Dol	Lci				Do	menica	Riz	za					
18. CAUSE OF DEATH [Enter only one course per Imprior (o). (b). and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate course (c). and allowed the course of injury in Port I or Port II of item 18) PART II. OTHER SIGNIFICANT CONDITION'S CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0) 19. WAS AUTOPSY YES NO DECOMPRISED IN CONTRIBUTING CAUSE OF DEATH HOUR O.M. I. P. M. I.	15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	Ю 17. І					Addre	P51			
18. CAUSE OF DEATH [Enter only one course per Impetor (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 3 3 MEDIATE CAUSE (a)	["		Jer' Base mot by docer or t	21:	3-09-127	2 G	iulia	C.Dol	ci	Si	ame	88 4	12		
PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate course (a), stoling the under lying course lost.	F	18. CAUSE OF DEAT	H [Enter only one co	use per lja	ofor (o), (b), and (a		1						INTE	RVAL BE	TWEEN
Due to Conditions, if only, which gave rise to immediate couse (so), stoing the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED while of work 19. While of work	Г	PART I. DEATI	H WAS CAUSED BY-	hard	and Visa	l? 1		· le · · ·	P				ONS	ET AND	DEATH
Conditions, if ony, which gove rise to immediate course (a), stating the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	ı	331x	j .			0		2					- ·	J / _ / V	age
gove rise to immediate couse (c). Stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DO. ACCIDENT WAS UNDERLYING DO. ACCIDENT WAS UND		Conditions, if on		10.	Conta	TRIL	13-20	fi	11.11.	in			1 3	-6	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter II B) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC		gove rise to im	mediote (1)	1		A						MARAL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work. 21. I certify that I attended the deceased fram 19. 22. And that death accurred at 2. M., from the causes and an the date stated abave address (Street, city or town, stote) 22. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work of work of work. 23. I certify that I attended the deceased fram 19. 22. And that death accurred at 2. M., from the causes and an the date stated abave address (Street, city or town, stote) 22. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work of work. 23. I certify that I attended the deceased fram 20d Injury in Port I or Port II of item 1B) 24. I certify that I attended the deceased fram 20d Injury occurred at 20d Injury (County) (Stote) 25. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED INJURY (Home, form, 20f (City or town) (County) (Stote) 26. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED INJURY (Home, form, 20f (City or town) (County) (Stote) 27. I certify that I attended the deceased fram 20d Injury occurred at 20d Injury (Home, form, 20f (City or town) (County) (Stote) 28. ADDRESS (Street, city or town, stote) DATE SIGNATURE 28. But injury occurred at 20d Injury occurred at 20d Injury in Port II or Port II of item 1B) 29. Carried Injury in Port II or Port II or Port II of item 1B) 20d Injury in Port II or Port	L			Q.	o or telet ca	Wint.	2: le	20.20	fo.	, m. 1				(
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of wore of work	Z	PART II. OTHE			ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMIN	VAL DISEAS	SE CONDITI	ON GIVI	N IN PART	1(0) 1		
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of wore of work	18			V											
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of wore of work	Ě	20g. ACCIDENT WAS	UNDERLYING [20Ь. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter notus	e of injury in P	ort I or Po	rt II of item	1B)				ليا
21. I certify that I attended the deceased from		(IF EITHER, NOTIFY M	EDICAL EXAMINER)												
21. I certify that I attended the deceased from	₹		Month, Doy, Yes	r 20d IN	JURY OCCURRED	20e. PL	ACE OF INJUI	Y (Home, form,	20f (Cir	y or town)		{(ounty)		(State)
21. I certify that I attended the deceased from	NED Y		19		Not while	for	dory, street, o	ffice bldg , elc)						
alive an			t Lattended the	decease	d from	an 2	2 10 2	6 m 2	2/200	/	10 / 2				1
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. 7001 Mornington Road 5/3/62 PHYSICIAN'S Eugene F. Nevy, M.D. Baltimore 22, Maryland 220 BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 5/4/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city or town, stote) 5/3/62 Baltimore 22, Maryland 24. REGISTRAR 246. REGISTRAR'S SIGNATURE		1 1	A see 1	10 /	_			A 12 /							
ACTUAL SIGNATURE M.D. 7001 Mornington Road 5/3/62 PHYSICIAN'S Eugene F. Nevy, M.D. Baltimore 22, Maryland 220 BURIAL CREMATION, 226 DATE THEREOF REMOVAL(Specify) 5/4/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		dive dil	-1-1669-1	غاملنا≯! وسد د گرد رو	a a	n dedin	occorred						ie dai		
PHYSICIAN'S NAME (Type) Eugene F. Nevy, M.D. Baltimore 22, Maryland 220 Burial, Cremation, 226 Date Thereof Burial 5/4/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	L	ACTUAL		4	Y/		70							E /	10 /60
NAME (Type) EUGENE F. Nevy, M.D. J Battimore 22, Maryland 220 BURIAL, CREMATION, 226 DATE THEREOF BURIAL (Specify) 5/14/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	Н	SIGNATURE	Complete Com	/	1266		M D	7-#:: <u>7</u>	1447	.9.933	ισας	4		2/-	.27.9.4
220 BURIAL CREMATION, 226 DATE THEREOF BURIAL (Specify) 5/4/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	П	PHYSICIAN'S EL	igene F.N	evy,	M.D. /		B	altimo	re 2	2. Mai	cvle	and			
Burial 5/4/62 St. Stanislaus Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	22	BURIAL, CREMATION	, 226 DATE THEREO	F	22c. NAME OF CE	METERY O				***************************************				(Stole	n)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	I	REMOVAL (Specify)	5/4/62			_		i i					vTs		•
In ten Brooks Brodley The Dundalk 22 Md - WAY 4 162	_							1							
Halter brooks Bradley, Inc., Dundalk 22, Md date #4 62 Chilling & Hans	1/8	alter Broo	ks Bradl	ey.J	Inc. Dun	dalk	22.M	DATE MA	Y 4 '	62	Q	thus e	مالا		



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
¥ ≅⊽/		CERTIFICATE OF DEATH	00445
The state of	M)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if the property of	
4 2 to		Baltimore County MARYLAND b. CITY OR TOWN (fouls de corporete mits, c _ENGTH OF STAY IN 1b c CITY OR TOWN (if ouls de corporete limits, write	RURAL end give neerest lown)
24 1 1 an 1 an	*)	Mt. Willson, "Flary land 3 mo 10 day Valley Lec	
filled i	(X.,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	N. IS RESIDENCE
	B)	Mt. Wilson State Hospital	YES NO Dev Year
executed completely on pagess.		DECEASED FRANCIS WILLIAM DYSON OF DEATH 5	9 1962
- 0		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yoors	HE UNDER 1 YEAR IF UNDER 24 HRS.
ate be in and e carb ent, w		WIDOWED DIVORCED WITH STATE OF THE STATE OF	12. CITIZEN OF WHAT COUNTRY
ysicia psicia emov ry ev		done dring grost of working life, even if retired) A strong and	USA
th ce giphi aseri		13. FATHER'S NAME	20
endin n ple		15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC AL SECURITY NO. 17. INFORMANT	D 3
e atte The oval,		(Yes, no. or unkown) (Hyesgive werordetes of service) 20-34-7884 Hospital Records, Mt. Wilson	State Hospital
es the cian. by th rmit.		18. CAUSE OF DEATH [Enter on y one ceuse per line lor (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
aquir hysic ned l		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carinomor of lungs	n sycar
ing particular signations		Conditions, if eny, which (b)	
The I trend trend s bee surial		geve rise to immediate cause (e), stating the underlying DUE TO	
or a or a fe have the buria		couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
ICIA spital spital fifical fifical se as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	YES NO
e hor s cer us		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.)	
er things			(County) (State)
Aff Aff detac		20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF NJURY (Home, ferm, 2Df (City or town) While Not While et work et work	
TEN TOR De o			, 19.0.2 that (I) (we) as
R A be REC hould hould hate		saw the deceased alive on. 3	and on the date stated above
DE DE S		MD PHYS. DIRECTOR PHYS	5.9.1967
Page With		22c. PHYSICIAN'S NAME (Type)	The Tree Ma
HOS ath. FUN ector, filed		Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospita 236. BURIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATION 23d. LOCATION City, 100	wn or county) (State)
5 5 5 5 8 5 5 5 5 8	X.A.	Bered 5/12/62 St Georges Dally of	GISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	133	124 FUNERAL PIRECTORS SIGNATURE	un S. Kuma
		The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH

人

1 "	2	MARYLAND STATE DEPARTMENT OF HEALTH							
1	المقد	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.							
h = == ==			CERTIFICATE OF DEATH	119449					
oulcoulc	1		PLACE OF DEATH	od lived, Il institution. Residence before admission)					
2 E E	\mathbf{A}		o. STATE	BOLT ROLL					
重 丰富		_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b . c. CITY OR TOWN (if outside corporate	limits, write RURAL and give nearest town)					
24 D by	. ,		write RURAL and g.ve/herest town)	110					
hin ed ji affe	Y		d. NAME OF HOSPITAL OR INSTITUTION, if not in hospite, give street eddress)	0. IS RESIDENCE					
The San		-	16 S. Prospect Ave. (her home) 16 S. Prospec	TAUC YES NO 12					
2 P. S. P.		3.	NAME OF First Middle Lest 4. DATE	Month Dey Year					
completel nn papers thin 72 h			OF DECEASED CAROLING T. FEBERHART DEATH /	YAY 18 1962					
d coi	The A	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AG	E II Yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
E 0 -1	1)		In In In In In In In In	birthdey) Months Days Hours Men.					
sician amove c		10e	. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE . County & State, or foreign	in country) 12. CITIZEN OF WHAT COUNTRY					
certifi hysic remo any e		60	itause wife	U.S.					
Physical Phy		13.	FATHER'S NAME						
leath ding sleas		1	Villiam F. Schaible E	ckert					
en Fence			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, of unknown) [(Ifyesgivewerordelesofservice)]	Address					
e at Th		120	NO FAMILY						
an. an. th			18. CAUSE OF DEATH [Enter only one ceuse per ne tor (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
Jires Sici d b Peri			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Myocardial Infarction, acuto	3 days					
Phy Phy gne ssir ion,			420.1 DUE TO						
in in sign			Conditions, if eny, which \ (b) Coronary Oclusion, acute	3 days					
end end bee rial			geve rise to immediate cause (a), stating the underlying DUETO						
or alt or alt e has the bu			cause lest. (c)						
IAN Tal or Sate or but	/	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?					
Spits Figure as a r		CATION		YES NO IN					
ho cer cer la price		CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED , Enter nature of in ury in Port I or Part II of the OR CONTRIBUTING CAUSE OF DEATH	em 18.]					
PE 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		I	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
Re de		MEDICAL	ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or to the feetory, street, office bldg., etc.]	own) (County) (State)					
A : A detail		MED	p.m. 19 al work et work						
Sept de pt			21. I certify that (I) (MIXIMADICAL) attended the deceased from March	y18, 1962, that (I) (556) las					
A SO		1	saw the deceased alive on. May 16 1962, and that death occurred at 8A.M., from the						
Short Start			220. SIGNATURE ATTENDING MED. 5	TAFF 22b. DATE SIGNED					
147 E			MD PHYS. TO DIRECTOR PH	HYS May 18, 1962					
Pag H	1			ill Ave.,					
S S NE	1	_	Leo J. Gaver, M.D. Baltimore						
Harring Harring	a	231	REMOTAL (Specify) May 21/062	N (City, town or county) (State)					
5 2 5 2 2	3	_	Banta L	MORE Md,					
VR A15 (4)	A. S.	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D 8Y REGISTRAR	256. REGISTRAR'S SIGNATURE					
15M 9/60		2	& Mac Malt 301 Frederick are 28 DATIMAY 22 162	Carally M. Tomas					



ofter death. Page 4 may be seed by the hospital or attending physician a FUNERAC DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

may be TO FUNERAL TO HOSPITA

VR A15 (4) 15M 9/59

95452

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05447

ī	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY	
1	PALTIMORE MARILAND VIRGINIA NORFOLK	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
	KELAY B MONTHS NORFOLK BOX	
	d NAME OF HOSPITAL (If not in haspital, give street address) ORTHSTITUTION RELAY HILL HOSPITAL 6. STREET ADDRESS ON A FARM YES NO.	M?
3	NAME OF DECEASED (Type or print) ROBERT SKELTON Eggles fon DEATH MAY 13 19	
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24	HRS
	M WIDOWED DIVORCED May 2, 1882 So yes Months Days Haurs N	lín.
10	On USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) AUDITOR PIRGINIA 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country) AUDITOR 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)	TRY?
13	3. FATURY'S NAME 14. MOTHER'S MAIDEN NAME	
L	JAMES A Eggleston Nantha Fletcher Shore	_
15 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address Address Address Address Address Address	
L	No Mrs. Belia Robertson as above	
Г	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBOS VOSCULAR CECCIDENT 4 day.	5
	33/X DUE TO 0 / 1	
	Conditions, if any, which) (b) [PHERO 11286. HRTerio 5 = 120515 Hang YEA	25
	gove rise to immediate Couse (a), stating the under-	
	lying cause lost. (c)	
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO	25
CERT FI		
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) - (County) (S Hour o. m. While Not while of work of work of work of work of work of the county)	itote)
	21 1 certify that (If (this hospital) attended the deceased from Sept 5 1961, to May 13, 19 6 Minot W (we)	lost
	sow the deceased alive an. Man 13. 19.6. Land that death accurred at 2 M, from the causes and on the date stated about	
	22a. SIGNATURE 276 DA STAFF SIG	
	22c PHYSICIAN'S DIRECTOR PHYS 22d ADDRESS	
	NAME (Type) Lewis P. Gundry, M.D. Relay, 27, Md.	
23	30. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State)	
	REMOVAL (Specify) 5/15/62 Hollywood Richmond, Virginia	
24	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05453 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore by the DANAMAN Howard Maryland b. CITY OR JOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) Ellicott City Randallstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Liberty Court Rehabilitation Center 11 Overlook Drive completely 3. NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print DEATH 19 May 2] DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED TNEVER MARRIED last birthday) and Days Months Hours Min. WIDOWED DIVORCED Female LSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working [Ha, even if raticad] At Home Raltimore . Md None 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Henry C. Kammer Margaret Walters Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) (If yes give wer or deles of service) James F. Eslin, 11 Overlook Drive, Ellicott City No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH þ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20f. (City or town) factory, street, off ca b dg., atc.) Whila Not While Hour a.m. at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from... 19.6 7-hat (I) (we) last 10.... AM, from the causes and on the date stated above., and that death occured at saw the deceased alive on...... 228 SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 냚 Lorraine Baltimore Md Burial 25m, REC'D BY REGISTRAR | 25b, REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) MAY 2 4 '62 Lithur & Thrace 1SM 7 61 .Kiginbothom, Ellicott City. Mc DATE

MARYLAND STATE DEPARTMENT OF HEALTH

hours after

OH

0



~ I	MARYLAND STATE DEPARTMENT OF HEALTH
LOD STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05454 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05440
BEALTH DEPT	
> 8 . S	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed livad, if institution; Residence before admission) 5. COUNTY 6. STATE 6. COUNTY
Cessary or. Page r files.	_ Balto. MARYLAND Md. (Salto.
director.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
H dire	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS 1 0. IS RESIDENCE
	Quierside Alrive Balls, 21 404 Woodbine (W. (24) YES TNO IN
n LO m	3. NAME OF First Mode Lost 4. DATE Month Day Year
o the e reta the S er de	(Type or print) SANICE 6 FAIR DEATH MAY 9-17 1962
aff a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 w 2 w	FEMALE WHITE WIDOWED DIVORCED 9-16-44 Tyrs. Months Days Hours Min.
affe 1, 2, 2e 5 and 2 h	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY?
ours Des Pag In 7	Schoolgirl Bulto, md. U.S.G.
M3. With	13. FATHER'S MAIDEN NAME
E E E I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
25 to 15 to	(Yes, no, or unkown) (Ifyas giva war or dates of service)
tem with perry perry	1 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).
xecu I in I ong onsiti	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) CARRON MONOXIDE POISONING ONSET AND DEATH
be enci	891.5 DUE TO
ovel	Conditions, If any, which \ (b)
S. S. S. Mar	geve rise to immediate cause (a), stating the underlying DUE TO
icate mine od a	causa losi. (c)
Exar Fion	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 119 19. WAS AUTOPSY PERFORMED?
word word d be	YES NO T
R: T The Medinoul	20b. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING CAUSE OF DEATH VER NO 15 PRIMARY IT or CONTRIBUTING CAUSE OF DEATH VER NO 15 POR NO
INE Iting hief /	
writin writin Page 3	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Cale, to the prior	21. I certify that I took charge of the remains described above, held an Autopsy I inspection I inquiry I and in my opinion
A CE L	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
TEDIC the ce rward DIRE	CHIEF MEDICAL EXAMINER
	SIGNATURE AND AND ASSISTANT MEDICAL EXAMINER THE PARTY BIGNED
NERAL designa	EXAMINER'S MB DAVIS MD DEPUTY MEDICAL EXAMINER 5/10/62
DENERAL FUNERAL its designat	NAME (Type) Address (Streat, city, town, or country) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
O DEN please 4 4 shoul O FUN or its d	REMOVAL (Specify) 5-12-62 Gardens of Faith Balto In S.
H H	23. FLNERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME, 5M 7/59	John J. Connelly 418 Eastern Stad, (21) DATE MAY 1 4 '62 Outhur S. Hours
3)	



2			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	_		05455 CERTIFICATE OF DEATH	05450
iffer lera ould	(A)	巨	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	Res dence before admission
्र केस्	$\langle \mathbf{M} \rangle$		a. STATE, b. COUNTY	
를 구구 하	1		Baltimore Couly MARYLAND MA	
A Topics			b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	ind give nearest town)
ē 7 = 2	ş		Charrison 4 days Baltimore 16	12372 -
thir led			d. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
E 4 5			Horseil Neemin Home 4133 DARlack Civ	YES NO K
ers ers		3.	NAME OF First Month	Day Year
pap pap			(Type or print) ANINI DEATH MAN 9	7 1067
S C C		5.	SEX 6 SOLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your IF UNDE	RI YEAR! IF UNDER 24 HRS.
क वृद्धे			Jest binhday) Months	Days Hours Min.
and,		15	Temale Lich WIDOWED DIVORCED 1 BIRTHPLACE (County & State, or foreign country) 12. C	
fica ficial ove			a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. Come during most of working life, even if refired)	ITIZEN OF WHAT COUNTRY
ertii rem rem		_	FATHER'S NAME HOBBEWISE At Home 14 MOTHER'S MAIDEN NAME	USA
h c lq E se ii		13.	FATHER'S NAME	
deat ding plea			Unknown Bertha Nathanson	
e di fiend	(T)		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	*
The		100	as, no, or unkown) (Ifyesgivewarordatesofservice)	4
thal the		-	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). Mr. Melvin Pavaner 5537 Lynvie	W AVENUE
des Cial by erm			PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
od to			IMMEDIATE CAUSE (a) CINCLICOCCOLONIC. THORN CHEMIS	7 FW hut
5 to pisci			40,0 DUE TO	
law ding en s			Conditions, if any, which (b)	
Pen General Pen Ge			gave rise to Immadiate cause (a), stating the underlying DUE TO	
는 등 등 등 는			cause last. [c]	
the the	1	Z	PART II. OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
City Sites of the state of the	,	Ĭĕ	Starin well on or legs.	YES NO W
SI lost		CERTIFICATION	208. ACCIDENT WAS UNDERLYING [] , 206. DESCRIBE HOW INJURY OCCURED. (Enter return of injury in Part I of Irem 18.)	
F S S S S S S S S S S S S S S S S S S S		E.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
A TE DE				ounty) (State)
NA PERE		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (C Hour a.m. While Not While Factory, street, office bldg., etc.)	ounty) (State)
Get Te		Z.	p.m. 19 af work at work	
E S O s p			21. I certify that (1) (this hospital) attended the deceased from 23 May 1963, to 21 May , 1	9.0.3-that (I) (==) la
E & DE G			saw the deceased alive on 2.6. Man 19 6 and that death occurred al 2.2 M, from the causes and or	the date stated above
State		1	22a. SIGNATURE	22b. DATE
O E I S		1	Paul H Rayse MD. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	SIGNE > 1947
A A A A A A A A A A A A A A A A A A A	1		22e. PHYSICIAN S 22d. ADDRESS	49 -1110-
E B			NAME (Type) PZUL H KOUSE 1407 Follow La. P. K.	05 VICCEM
Ser. D	•	=	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town or country)	niy) (Sidia)
Hand Table	N	23	REMOVAL (Specify)	0 1
5.55.2 x	6	_	Darkitte J728/82.	vrijkand
VR A15 (4)	1 2		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'	
15M 9/60			Sol Levinson & Bros. Inc. 6010 Reisterstown Rd. DATE MAY 29'62 Circles	S. France
		_		•

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH Item 8 Film (31) 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY n. STATE b. COUNTY Baltimore Marvland Baltimore 라는 기기 MARYLAND by th b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town after o Towson Towson .⊆ ages filled i d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Joppa Road YES NO TO Anneslie Road completely 3. NAME OF M ddle DECEASED OF 62 Mav (Type or print) DEATH 19 Blanche P. Fisher 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1896 last bighday) Months requires that the death certificate be and Deys Min. Pemale White WIDOWED IX DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work OVB 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (County & Stete or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Newport News, Virginia Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ; and bue Henry A. Pollock Laura V. McNamee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Joan (Yes, no, or unknwn) i (Ifyesgive war or dates of service) Mr. Jas . Fisher Towson INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c,...) à ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 1. 2 mesos IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, ferm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.] Not While Whila Hour a.m. et work et work may be retaine DIRECTOR: p.m lo....⊇ /6.2-..., 19....., that (I) (we) last 19....., and that death occured at 5.47M, from the causes and on the date stated above. saw the deceased alive on ATTENDING 22b. DATE 22e SIGNATURE SIGNED DIRECTOR PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 238, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Bal t. Co. Md. Monte Marie Cem. Towson. S C Buris Rd 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) & Sons Cirthur S. France 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ad mission) e. COUNTY Baltimore a. STATE Md. b. COUNTRAItimore MARYLAND b. CITY OR TOWN (if outs de corporete limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs do corporate I mits, write RURAL and give nearest town) wr te RURAL and gry Portice d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE 4505 Wilkins Ave ON A FARM? Wilkins Ave 3. NAME OF Middle 4. DATE Month Day DECEASED Edmund M. Fisher (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 65 birthdey) white Months [Hours Jan. 19,1899 WIDOWER DIVORCED 100. USUAL OCCUPATION (Give kind of work (10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during months (working life, even if retired) Commeticut U-S-A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilford Fisher Almina LePine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.' 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Trene M. Watkinson, 175 Poplar St. Bridgeport ves unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) Com. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Thrombosis Goronar v IMMED ATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19, WAS AUTOPSY CERTIFICATION burial, PERFORMED 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH MEDICAL 20e. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Year (County) (State) fectory, street, office bldg., atc.) While Not While Hour a.m. et work at work 19 21. 1 certify that I took charge of the remains described above, held an Autopsy 🗍 , Inspection 📳 and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide | CHIEF MÉDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER þ EXAMINER'S NAME (Type) Address (Street, city, town, or count UIU Leeds Ave 29 Geo. S. M.Kieffer M.D 22a, BURIAL, CREMAT ON, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 5/7/62 Woodlawn Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY REG STRAR Chilhun S. Thomas Howard H. Hubbard, 4107 Wilkens Avenue #29

director, Page is necessary

:=

relained State

3e 5

MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. et the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be a pursuant to the Chief PM of the Lical As a burial-transit permit. File pages 1 and 3 with 1

(1)

Chief age 3 :

forwarded to the L DIRECTOR

should be for

40

VR A1SME

5M 1/62

scute the

the

YLAND STATE PROPAGING OF WELLTH



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	F O
6 g &		05458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	53
ase exe ould by motion		The state of the s	
Shed	(M)	DIACE OF DEATH G. COUNTY DATE MARYLAND 2 USUAL RESIDENCE (Where deceased level. If institution: Residence before odmis o. STATE M. COUNTY H. COUNTY H. COUNTY D. COUNTY	sian)
Page buriol		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low and give nearest town)	m)
7 or .	V		SIDENCE
r prio		Yuaker Dollom Kd. Kuaker Dottom Kg. 1850	NO P
unerc your egistro		NAME OF DECEASED (Type or print) G- /Ad (1.5) Atdell A FL Shell P DEATH Month Day Ye DEATH MAN 19 13 19	/ -
the fired for the r		SEX 6. COLOR OR RACE 7. MARRIED AFVER MARRIED B. DATE OF BIRTH 9. AGE (in years lout birthday) WIDOWED DIVORCED 9-23-190754 yrs. Windows Days Hours	R 24 HRS. Min
S coint		DO. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OUNTRY
be re		Domestic Home Princy Grove 111	
715 o 1, 2 moy 15 1		3. FATHER'S NAME	
6 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(1)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
ive Par Pog		on no. or unknown) I (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Moses Fisher Dynker Bottom Rd.	
PA3		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	N
Tall and		MAMEDIATE CAUSE (a) CATOLO-UASCULAY OLSEAS-C	,,
in light with fortronsit		4221 DUETO	
		Conditions, if any, which of the course of t	
penci		(c), stoling the underlying couse lost.	
fice in	Ĉ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A	UTOPSY
ading 's Oi		· Children in the control of the con	NO E
T'per miner d be		20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)	
ward Ward I Exo shoul		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty)	(State)
dico e 3		Hour o, m, While Not while foctory, street, affice bldg, etc.) p. m, 19 at work at work	
Pag Me		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and fi	ind tho
O. P. L. P.		death resulted from: Natural causes [4]. Accident [7], Suicide [7], Hamicide [7], Undetermined cause [7].	
ficate, v the Chi		ACTUAL John France Ma CHIEF MEDICAL EXAMINER [_
i 0 1	n .	ASSISTANT MEDICAL EXAMINER	
forwo	2	EXAMINER'S H. F.RANCE DEPUTY MEDICAL EXAMINER 5/13/6	2-
2 2 2 C	0	Removal (Specify) 5 / 226. Date thereof 22c. Name of Cemetery or Crematory 22d Location (City, town, or county) (Stote)	
	6	DUTIN 5/19/62 STEVENSON AME CEM. SPATES MADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
'S. A15ME(5 5M 9/5S	1,10	lorton + Due 4 Fun. Home BALto. 1 Md. DATERY 16'62 Trilling & time	
A141 26 33			



	05459			CERTIFIC	ATI	E OF DEAT	ſΗ				Reg. D	ist. No	054	54	
1.	PLACE OF DEATH Balt:	imore		MARYLAND	2.	USUAL RESIDENCE (1 a. STATE Maryl	Where de	cease	lived. If i	nstitutio DUNTY j	n Reside	imce belo	re odmisi Pe	ion)	
)[b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I	If outside	corpo	role limits,	write RL	JRAL and	give nec	arest fow	n)	
Ľ	Sparrows	Point	19)	26 yrs.	X	Sparr	COWS	Po	oint		(19)			
	d. NAME OF HOSPITA OR INSTITUTION 7340 Val	dman Avei	1	d. STREET ADDRESS	aldm	an	Aver	ıue				FARM?			
3.	NAME OF DECEASED (Type or print)	WAL!		Middle RAYMOND FOR	NWA	LOST	4. D. O	ATE F EATH		Mont		th.		Year 19 62	
S.	SEX	6. COLOR OR RACE	7. MARR	IED . NEVER MARRIED	B. D.	ATE OF BIRTH			9. AGE (In Jast, birtl	years	IF UNDE	RIYEAR	1	ER 24 HRS.	
	nale	white	WIDOWI			arch 6,18			65	yrs.	Months	Days	Hours	Min.	
10	 usual Occupation during most of working 	N (Give kind of work in his life, even if retired	iona 10b.	KIND OF BUSINESS OR IND	USTRY	11 BIRTHPLACE (Sta	ste or fore	eign co	ountry)		12. C	ITIZEN C	F WHAT	COUNTRY	
-	Labor For			Steel		Pennsy]		ia			US	SA			
13.	FATHER'S NAME				14	MOTHER'S MAIDEN		,	4.	\					
L		y Fornwa				Fanni	Le	(u	nknov	vn)					
	WAS DECEASED EVER	IN U. S ARMED FOR	and the state of	13-09-4382		rmant Lla Z.For	enwa	lt		Addr	ne s	as #	2		
 		H [fater only one co		ne for (o) (b) and (c).]								LINITI	ERVAL BE	TWEEN	
	163X Conditions, if on gave rise to im	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Adeno Carcinoma lung / 63 X DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoling the underfying couse fast. DUE TO (c)													
CERTIFICATION				ONTRIBUTING TO DEATH BU							N IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [X]			
	20g. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY N	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Er	nter noture of injury i	in Parl I c	or Part	II of item	18.)					
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Manth, Day, Yes	while	Not while f	LACE (octory,	OF INJURY (Home, fa , street, office bldg., a	erm, 20f.	. (City	ar tawn)			(County)		(State)	
	21. I certify the alive on Ap	ous 1.	deceas 2, 196	ed fram. No.v. 3 2 , and that deat ellw	h acc		5AM, ADDRE	fran E SS (SI	n the cau	Jses ai	nd on		te stat		
	PHYSICIAN'S LO	uis N.To	11 i n	,M.D.		Baltimo	re l	9,	Mary	lan	đ				
L	o. BURIAL, CREMATION REMOVAL (Specify) UPIQI	5/22/6		Oak Lawn C					ion (Cily.				ısıoı lan	,	
L	funeral director's alter Bro		ley,	Inc., Dundal	k i	22, Md 240 RE	C'D BY R	EGIST	RAR 246	REGIS'	TRAR'S S	IGNATUI	RE MA		

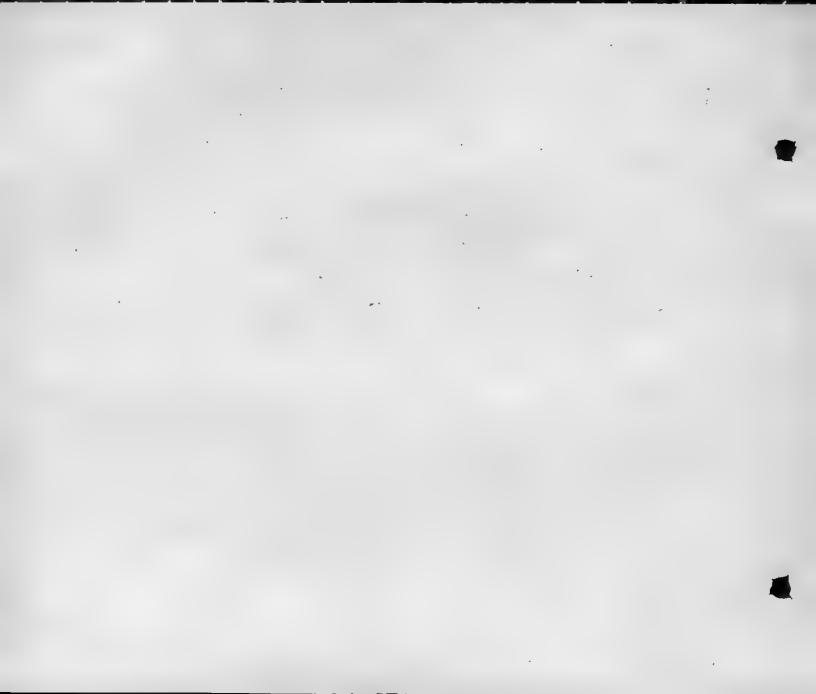
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 05460 CERTIFICATE OF DEATH	MARYLAND 05455
1)	1. PLACE OF DEATH a. COUNTY Ballimore 60 MARYLAND Maryland b. COUNTY b. COUNTY	Balto_
No. of the	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RUR write RURAL end give nearest town) J. W I May d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital bive streat address) d. STREET ADDRESS	AL and g va neerest town) Red g V [] o. IS RESIDENCE
	aged Womens + aged Mans Hones 3. NAME OF Last 4. DATE Month	ON A FARM? YES NO X
	5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In yours lif U) Mor	22 19 6 6 NDER 1 YEAR IF UNDER 24 HRS. oths Days Hours Min.
	MIDOWED DIVORCED 1 2 - 13 1871 7 yrs.	2. CHIZEN OF WHAT COUNTRY
T	Emil G. Forthuler Sch Theresa the	Haur
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyesgive were redeles of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	ces chesturt as
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Due to	6 mis
	Conditions, if any, which (b) gave rise to immediate cause (a), stelling the underlying DUE TO	
0	couse lest. (c) PART II. OTHER S.GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Its No [5
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bidg., etc.) While of work at work	(County) (Stele)
	21. I certify that (I) (this hospital) attended the deceased from 120. 1967 to 122. saw the deceased alive on 1967. 1967, and that death occurred 3. D.M. from the causes and 220. SIGNATURE	on the date stated abov
	Mouland E. Day M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	M24,1962
k	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or REMONAL (Specify)	county) (State)
5	BURIAL MAY 25.1962 DALTIMORE CEMETERY BALTIMORE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR 25	MARILAND AR'S SIGNATURE 1 & Kruss
	Will will to the control of the cont	1 A, I Vienna



1	19		MARYLAND STATE DEPARTMENT OF REALTH	
FOR CTATE	. 34% ;		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND 05/5c
REALTH DEP	T	=	PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution; Residence)	11040()
SE E			COUNTY COUNTY COUNTY	ance before edimission)
Pag illes.	W		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and 9 v	TIMORE_
of the state of th	YI	/ _	write RURAL and give neerest town)	
dire dire or yo			d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
4 d a a	o st		1003 RACE ROAD # 21 MD 1003 RACE ROAD # 21 MD.	YES NO S
fun faine Stat			NAME OF Fist Middle Last 4. DATE Month De	y Your
h. If a the rei			(Type or print) Travil DEATH 5 2	- 19 Lu Z
The day		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR Lest birthday) Months Deys	
and and			WHITE WIDOWED DIVORCED NERIL 2, 1885 77 yrs.	OF WHAT COUNTRY?
1, 2 and 2 a		do	ne during most of working life, even if retired)	OF WHAT COUNTRY
hour ages 3. P. ges f		13.	FATHER'S NAME FATHER'S NAME 14 MOTHER'S MAIDEN NAME	S. A.
Ve P PM PM Will			JOSEPH FRANK MARY UNKNOWN.	
orm Orm File		15.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give werer deles of service)	
Ma 18 √ min t		(00	NO 218-18-3448 JOSEM FRANK 1003. RACE: PO	ND 21, MD
n Ita n Ita in a			IB. CAUSE OF DEATH [Enter only one cause per the for (e), (b), end (c),] PART I DEATH WAS CAUSED BY,	NTERVAL BETWEEN
execution alon			IMMEDIATE CAUSE (e) COLMACY	10 min
d be pen fice rial-t			DUE TO	
houl in Offi			Conditions, if eny, which (b)	_
ding ner's			(a), stefing the underlying DUE TO	
hif ci 'pen cami cami used on, i	Α	z	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 a)	19. WAS AUTOPSY
ord ord be mati	{	ATIC		PERFORMED?
e we bedice		CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert of Iem 18.) PRIMARY or CONTRIBUTING	
TER Party And Party And Shall			CAUSE OF DEATH.	
Chiffin		MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c, PLACE OF NJURY (Home, farm, 120f, (City or town) (County) Hour e.m. (County)	(Steta)
the the lor t		ME	p.m. 19 et work et work	
ifical ifical IOD I P				nd in my opinion
SECOND SE			death resulted from Natural causes Accident . Su cide . Homicide . Undetermined manner	
the Diversity			ACTUAL DOWN W Walley ASSISTANT MEDICAL EXAMINER [7]	DATE SIGNED
Peculia be for	1		SIGNATURE DEPUTY MEDICAL EXAMINER	
2000年	1		NAME (Type) TACK C COLLTY S Address (Street, city, town, or county)	
日明中国		220	REMOVAL (Specify)	(State)
6 g 4 6 g		22	BURIAL MAY 5, 1962 ZIOD LUTHERAD DALTO CO. 11 FUNERAL D RECTOR 1 240 REGISTRAR'S S GNA ADDRESS 1240 REC'D BY REGISTRAR 1 246. REGISTRAR'S S GNA	IARTLAND
VS. AISME		23.	1 - 1 Financial Harris Dal Harris Dal Harris Dal Harris College & the Co	, ,
SM 9/60 1	18	l	Marsain. Cranical (1800 1907) December 1907 To Date MAI 4 02 Common 2. 1	



1	tem 10 Film 313 5-10 MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	98482 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0545	57
HEALTH DEPT.	PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution; Residence before	adm ssion
· 용 · 분	Boltimore b. COUNTY A 14 '	0000 33101
r. Page f.les. Health		
N SET	write RUP 11 (inva noarsat town)	wr.
E 8 8 5 A	Thornleigh X Thornleigh	
Para Sa		RESIDENCE
Pagar. X	1823 Alston Road YES	NO 🗌
e furtair Sta	NAME OF DECEASED First Middle Last 4. DATE Month OF YE	180
₹ 5 8 7 8 P	(Type or print) Anne Marie Friedel DEATH	5
4000000000000000000000000000000000000		ER 24 HRS.
nd and was	remate Wilte Months Days Hours	Mun.
2, and 5 ho	100 USUAL OCCUPATION (Give k nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	COLINITON
72 age 72	done during most of working life, evan if retirad	CODMIK
Se S	Baltimore, Maryland USA (14 MOTHER'S NAME)	
1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	IJ. FATHER'S NAME	
ES ES	George A. Priedel, Jr. Doris Marie meuter	
For F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(liyes giva war or detas of service)]	
を 単語 を	No Er. George A. Fried ',1623 Alston (pa d
T X X E	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	ETWEEN
ong in ju	PART I. DEATH WAS CAUSED BY: Tracheobronchitis & interstitial ONSET AND	DEATH
be all all l-trz	- XMIGHT	
ould 'in p Office Duria	pneumonitis, marked	
of the office of	gave rise to immediate cause	
ding as a	(a), stating the undarlying DUE TO	
fica bending	cause last, (c)	
Exa Exa	PART I. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. a) 19. WAS PERF YES PRIMARY OF CONTRIBUTING [] 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING [] CAUSE OF DEATH.	AUTOPSY ORMED?
S To	YES POX	
T P P P	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I. of Itam 18.)	-
田 本文 で 道	CAUSE OF DEATH.	
EXAMINE ste, writing the Chief of R. Page 3 striog to burie	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County)	(Slata)
A No. of the Page	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Sectory, street, office bldg., etc.)	
EX See See		
Hilica Hilica Hilica Hillon	21. I certify that I took charge of the remains described above, held an Autopsy (2). Inspection Inquiry (3), and in my	оріпіоп
ICA certif rded IECI gent,	death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined manner	
MEDI re the c forwar L DIR	CHIEF MEDICAL EXAM NER	
	ACTUAL SIGNATURE DATE SI	GNED
execui old be f NERAL designa	EXAMINER'S DEPUTY MEDICAL EXAMINER	
DEF should be it roneRAL its designal	NAME (Type) Rudiger Breitenecker, M. D. Address (Street, c'ly, town, or county) May 11, 1962	
Shoul FUN	28. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (She REMOVAL (Spacify)	sta)
0 240 9	2000	
H H	Buriat 15-12-52 Druid Tidge Ceretery Pike sville Harvland 23. JUNERAL D.RECTOR ADDRESS 246 REC'D BY REG STRAR 246 REGISTRAR'S SIGNATURE	
VS. A1SME 5M 9/60	in a dishared . I all the start as a well was	
3)	Justino & sons Dallinor 1 mg 10ATE 41 14 62 Only & Krons	=:
*	d. Thanks	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 05483 CERTIFICATE OF DEATH 054	158
M)	1. PLACE OF DEATH •. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed I ved, if Institut on: Residence before a. STATE Maryland b. COUNTY	* ()
14	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest write RURAL and give nearest lown) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN, If outside corporate limits, write RURAL and give nearest lown) Baltimore d. STREET ADDRESS	S RESIDEN
i)	SPRING GROVE STATE HOSP TAL 2011 West Pratt Street NAME OF DECEASED (Type or print) Frank Gagliardi Death May 8	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years 14 UNDER 1 YEAR IF UND	NDER 24 HR
	operator railroad Italy U.S. 13. FATHER'S NAME unknown unknown	
		L BETWEEN ND DEATH
, ,	422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause ast. (c)	
Û	YES [AS AUTOPS ERFORMED
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 7. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e P.ACE OF INJURY (Home, farm, 20t. (City or town) (County)	(State)
	Hour e.m. While Not While factory, streat, office bldg., atc.)	TO THE REAL PROPERTY.
	21. I certify that (\$\mathbb{K}\$ (this hospital) attended the deceased from April 10 1960 to May 8 1962, that (saw the deceased alive on May 8 1962, and that death occured at May 8 1962, that (april 1962) and that death occured at May 8 1962, that (april 1962) and that death occured at May 8 1962, that (april 1962) and that death occured at May 8 1962, that (april 1962) are supported by the causes and on the date statement of the causes are caused to the causes and on the date statement of the causes are caused to the cause are caused to the cause are caused to the caused to	
1	Stella Wachsler, M. D. Alla Wachsler, M. D. Stella Wachsler, M. D. Stella Wachsler, M. D. PHYS Dx DIRECTOR D PHYS. D 5-8-62 22d. ADDRESS SPR_NG GROVE STATE HOSP Catonsville 28, maryland	
~	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) May 10 1964 New Catherda 24 EUNERAL DIRECTOR'S /SIGNATURE ADDRESS A 258. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	(Stata)
X :	Krause Turner / Home 12. 16 5 Charle N. DATERY 1 4 '62 archur S. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH



1			M DIVISION OF STATISTICAL R	ARYLAND STATE DEP	ARTMENT OF		AA A DAM AAAD
			A5465	CERTIFICATE		STREET, BALTIMORE 1,	05460
s after funeral should	(K		PLACE OF DEATH	A WALLES	47.70 4.7	E (Where deceased lived, if institu	
E 00 01	į (IV	IJ	Baltimore b. CITY OR TOWN (if outside corporate l'mits,	MARYLAND	. STATE Mary		Baltimore
24 he	a dear		write RURAL end give neerest town) TOWSON	c. LENGTH OF STAY IN 16	Y Tows	outside corporete limits, write RUR/	AL and give neerest fown)
hin filled i	Hours and		d. NAME OF HOSPITAL OR INSTITUTION (1	not in hospitel, give street address)	d. STREET ADDRESS	•	o. IS RESIDENCE ON A FARA?
\$ 5. T		- 3	1201 Boyce Ave.	M.ddle	•	Boyce Ave.	YES NO-
mplet pape	7/=		DECEASED (Type or print) FRANK	JOHN	GOEBEL	DEATH May 12,1	
A ex	 			The state of the s	DATE OF BIRTH	9. AGE (In years IF UN	IDER 1 YEAR IF UNDER 24 HRS.
ate t an an e car	E D		Male White	10b. KIND OF BUSINESS OR INDUSTR	Sept. 26, 189	3 68 yrs.	CITIZEN OF WHAT COUNTRY?
artific ysicia emov	б <u>}</u>	, d	etired Vice Pres	B & O Railroad	Indianna	or store, or rotary to sainty	USA
ath congresser		13	FATHER'S NAME John Goebel		14. MOTHER'S MAIDEN N		
endir n ple) -	. WAS DECEASED EVER IN J.S. ARMED FORCE	EST 16. SOCIAL SECURITY NO. 17. I		Address	Oakdale, P
at the att		0	es, navor unkown) (lifyesgivawarordatesoisen	705-12-1537		. Robb, Rfd 1	McKee Rd
es th cian. by th ermit.	5		18. CAUSE OF DEATH [Enter only one of PART I, DEATH WAS CAUSED BY:	euse per line for (e), (b), end (c).]	7.	201	INTERVAL BETWEEN ONSET AND DEATH
equir physical gned sit pa	,		IMMEDIATE CAUSE (e)	1116/82/2/16	SAG(new	a of Lung-	
ding ding en sign			Conditions, it any, which (b)	46emera	122d Me	Tas Tasis -	14-
The attendates be buria	i i		geve rise to immediate couse [6], stating the underlying couse lest.	(Pardino	-3 ME F2	ac 75 75	ton-
AN: if or also had the		N N	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN	
SICI.	<u> </u>	CERTIFICATION					YES NO E
PHY he he nis ce for u	<u>.</u>	CERTIL	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCURED.	, (Enter neture of injury in Pa	et 1 or Pert of îtem 18.)	
Ster of the polyment of the po	0.	WEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm, pry, street, office bldg., stc.)	20f. (City or town)	(County) (State)
R: A deta	5	WED	p.m. 19	et work et work			
S S S S S S S S S S S S S S S S S S S			21. I certify that (I) (this pospital saw the deceased alive on)) attended the deceased from	death occured a 30	M from the carest and	-19 (a) That (I) (w) last
JAY DIREC	Š		22e. SJØNJACURE		ATTENDING AND		22b. DATE SIGNED
2419	<u> </u>		22c. PHYSICIAN'S	Donnell "	20000	RECTOR PHYS.	
NEW COL	<u> </u>		NAME MYDDY/est.	Donnell_	75014	MCRL49	+ md/1/62
Path.		23	e. BURIAL, CREMATION, 23b. DATE THEREGE REMOVAL (Specify)			23d. LOCATION (City, lown or	,
O 20 0 5 €	8	24	Burial 5/15/6			Baltimore Co	
15M 9/68	- 4	· [Vm Cook Towson	Inc 1050 York F	Md. DATE MA	Y 1 4 '62 Clothu	1 S. Kines



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN life putside corporate limits, write RURAL and give negrest town write RURAL and give nearest town) EASTON FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ADMINISTRATION HOSPITAL YES NO completely papers. 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) Mav COLT DEATH CHARLES E. 19 62 and cor withi 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE file years of UNDER 1 YEAR IF UNDER 24 HRS. death certificate be iast birthdey) Months Deys MALE March 3. ant, WIDOWED DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) U.S.A. State Roads Commission Cordova, Maryland Laborer 13. FATHER'S NAME Henrietta Messick Roland A. Golt ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records (Yes, no, or unkown) | [Hyesgive werer dates of service] VAH. Fort Howard, Maryland WW T18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Yrs. LEUKENIA. IMMEDIATE CAUSE (a) CHRONIC LYMPHATIC 204.0 DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying causa last. PART I., OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY 23 PERFORMED? NO X CERTIFIC 206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part For Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19 62, that (we) last 21. I certify that (this hospital) attended the deceased from.... 19.62, and that death occured at MM, from the causes and on the date stated above. saw the deceased alive on... SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS NAME (Type) DONALD W. STEWART, M.D. VAH, Fort Howard, Maryland 230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 8052 Buria Ceme terv Easton Maryland 24 FUNERAL DIRECTO BY REGISTRAR 256 VR A15 (4) 15M 7/61 Circhus & Thank

ARYLAND STATE DEPARTMENT OF HEALTH



1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 0.5467 CERTIFICATE OF DEATH	RYLAND 115462
sath certificate be executed thin 24 hours after ing physician and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 should in any eventry within 72 hours after dealth.	Draftsman Civil Service York, England 13. FATHER S NAME U.S	a. IS RESIDENCE ON A FARM? YES NO X Yeer 19 62 R IF UNDER 24 HRS. Hours Min.
PHYSICIAN: The law requires that the de the hospital or attending physician. his certificate has been signed by the attend if or use as the burial-transit permit. Then pith prior to burial, cremation, or removal, an	John Gowland 15. Was Deceased ever in U.S. Armed FORCES? (Yes, no, or unknown) (Ifyesgiveweror detectorservice) 16 Social SECURITY NO. 17. INFORMANT Clinical Records Folder, V Yes W II 218-18-1685 Fort Howard, Maryland 18. Cause of Death (Enter only one cause per line for (e), (b, end (c).) PART I DEATH WAS CAUSED BY: HODGKTNS DISEASE Conditions, if eny, which gave rise to immediate cause (e), stating the underlying PART I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) PART I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) PART I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) PART I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) PART I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Output Part I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Output Part I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Output Part I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Output Part I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Output Part I. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part 1(e) Part I. Other Significant Conditions Contributing to Death But not related to the Condition given in Part 1 of Item 18	NTERVAL BETWEEN TO NISET AND DEATH UNKNOWN
TO HOUSEL OR ATTENDING death. 199 4 may be retained by V V V V V V V V V V V V V V V V V V V	20c. FIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. 19 work 19 work 1 attended the deceased from March 31 1902, to May 7 1902, saw the deceased alive on May 7 1902, and that death occured at 150 miles and on the 22e. SIGNATURE	date stated above. 22b. DATE SIGNED (State) (State) ATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY **b.** COUNTY 라 다 다 Baltimore Maryland MARYLAND by the and death b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town write RURAL and give nearest town) h6 Days Pages Fort Howard Glen Burnie d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 105 Central Veterans Administration Hospital Avenue NAME OF DATE Year Month Served as Horace Gregoire DECEASED OF DEATH 19 62 (Type or print) CHECKY poq AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months | Days DIVORCED White WIDOWED April 3. 10s. USUAL OCCUPATION (G ve kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic Hillsboro County N. Mechanical Engineer Carton Company please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a attending I Then please Odellie Duperee! George Gregory 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass [Yes, no, or unkown) | (If yes give war or dates of service) Clinical Records, VAH, Fort Howard, Maryland 02h-09-335h 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: L DAYS LEFT LOBAR PNEUMONTA IMMEDIATE CAUSE (a) , st. 15 td s TINK NOWN CIRRHOSIS OF LIVER Conditions, if env. which Tb1 gave rise to Immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY 98 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) 200, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, † 20f. (City or lown) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. al work et work CIOR: p.m 21. I certify that II (this hospital) attended the deceased from March 26. saw the deceased alive on... DIRE 22b. DATE 220. S GNAT JRE **SIGNED** ATTENDING DIRECTOR PHYS. FUNDAMIL 22d. ADDRESS 27c. PHYSICIAN NAME (Type M.D. VAH. Fort Sebastian Russo Howard , Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION | 23b. DATE THEREOF の意義 REMOVAL (Specify) Druid Ridge Cemetery Pikesville Burial REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook Blight Inc. 6009 Harford Rd. 14. DATE

filled

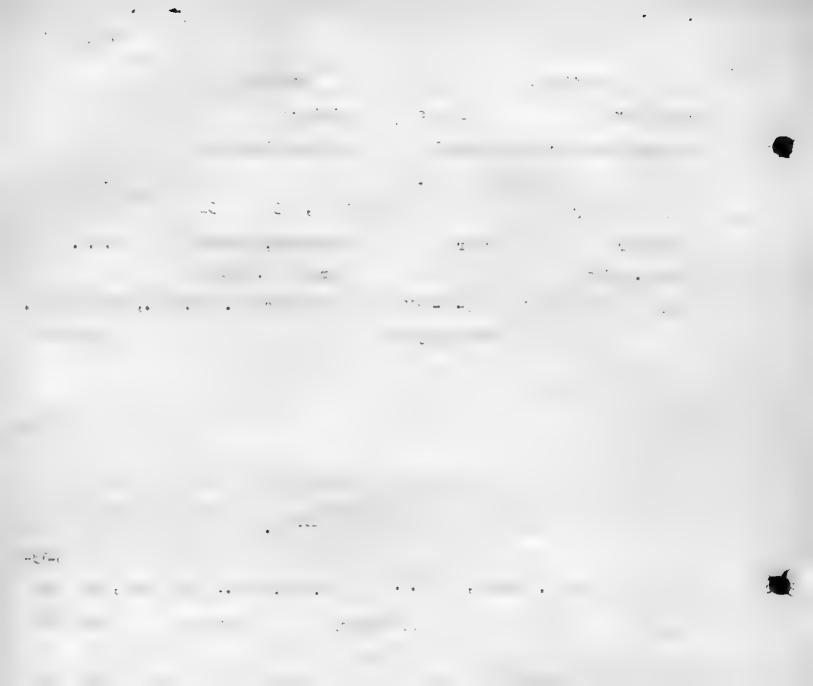
pletely

ō

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
* 60 A	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI 05459 CERTIFICATE OF DEATH	05464
by the funera and 2 should death.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where daceased lived, H institution of the county of the comporate limits, write RL	Bultin
rhin 2 filled in Pages 1 urs after	Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress; d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
execute completely on papers. thin 72 ho	Veterans Administration Hospital NAME OF DECEASED (Type or print) DONALD W. GRITZ 3337 Woodside Avenue A DATE OF DEATH May	Day Year 19 62
certificate be ex physician and co a remove carbon any event, withi	Male White WIDOWED DIVORCED April 27, 1931 31 yrs. No. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	JADER I YEAR IF UNDER 24 HRS. Onths Days Hours Min. 12. CETIZEN OF WHAT COUNTRY?
th or see	Bartender 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A
hat the dea the attendin moval, and	John R. Gritz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (If yes giva war or dales of service) Yes Korean Conflict 213-28-2212 Clinical Records Vet. Adm. Hosp.	- Ft Howard, Md.
law requires fl din≣ physician een signed by al-transit permit remation, or re	18. CAUSE OF DEATH [Entar only one cause per I na for (a), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
CIAN: The ideal or attention as the burial, to burial,	(e), stating the underlying DUE TO (c)	PERFORMED?
The hosp of the ho	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERM	YES NO X
NDIN(sined b R: Affe detach t. of H	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OC CURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) factory, streat, offica bidg., alc.) P.m. 19 at work at work	,County) (S ale)
NR ATTE ay be reta (RECTO) thould be State Dep	21. I certify that XI) (this hospital) attended the deceased from May 9 10:10, 19.62 to May 12 saw the deceased alive on May 12 1962 and that death occurred at P. M. from the causes and 22a S GNATURE	, 1962, that (We) last on the date stated above.
Page 3 s	22c. PHYSICIAN S JOHN O. Jallurt M.D. ATTENDING MED DIRECTOR PHYS, X	5-13-6
death.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, fown of	
VR AIS (4)	REMOVAL (Specify) 5/6/62 Parkwood Cemetery Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harfy & DATE MAY 1 5 '62 CALL	





MARYLAND STATE DEPARTMENT OF HEALTH



~X		CERTIFICATE OF DEATH 0546	7
()	i.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence be. COUNTY Baltimore) Baltimore MARYLAND	
1	C	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neer write RURAL and give neer stown) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a verteet e. d. ssc) d. STREET ADDRESS	1 . 4,
+	8	Enting of The Tand Hospital 254 S . Monastery Ave. Balto.29	ON A FARI
		NAME OF DECEASED (Type or print) Peter Frank CUNERNATIS G. bernatis Death 5 13	19 62
		Male White widowed 2 Divorced 1-20-77 Last birthday) Months Deys H	UNDER 24 HR
1	700	De. CSUAL OCCUPATION (Give kind of work one during most of workingfe, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF W Baker 10. S.A	YHAT COUNT
,	18.	John Bubernolls 14. Mother's Maiden Name Anna CINKNOWN	
	15. Uh	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Supply of University of Supply of University of Supply of University of Supply of University of Supply of	
	-	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERV ONSET	AL BETWEEN
		Conditions, if eny, which (b) Generalized Hypertensive gardiovascular disease Under Conditions (b) Conditions (conditions)	- etermi
		HAMEDIATE CAUSE (a) CARCIAC FAILURE 447 X DUE TO Concrelized Hypertansive gardiovascular disease Under	etermî
C	ICATION	Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last. Cardiac Falture Under Cardiac Falture (b) Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last.	WAS ALTOP
	CERTIFICATION	Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last. Cardiac Falture Under Cardiac Falture (b) Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last.	WAS ALTOP
٥	MEDICAL CERTIFICATION	Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PER CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACC DENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW IN.URY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day Year 20d. (NJURY OCCURED 20c. PLACE OF INJURY (Home, farm. 20f. (City or town) factory, street, office bidg., etc.); While Not While et work et work et work	WAS ALTOP PERFORMED NO [
٢	ı ı ı	Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. 20e. ACC DENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW IN.URY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm. 20f. ,City or town) (County) While Not While et work et work et work 19	WAS ALTOP PERFORMED NO
٥	ı ı ı	Conditions, if any, which gove rise to immediate cause (a), stating the underlying occurs last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONTRI	WAS ALTOP PERFORMED NO [Stete)
2	ı ı ı	DUE TO Condutions, if eny, which gave rise to immediate cause (a), steing the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. YES 20e. ACC DENT WAS UNDERLYING (c) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f., City or town) (County) Hour e.m. p.m. 19 el work et work 10 el work 11 el work 12 el work 13 el work 14 el work 15 el work 15 el work 16 el work 17 el word 17 el word 18 el work 17 el word 18 el work 18 el work 19 e	WAS AUTOPPERFORMED? NO [NO [(Stete) (I) (we) stated about 22b. DAT 3 3 4 4 3 5 6 6 7 7 7 8 7 9 7 10 10 10 11 10 10 12 10 10 13 10 10 14 10 10 15 10 10 16 10 10 17 10 10 17 10 10 18 10 10 19 10 10 10 10 10 10 10
	MEDICAL	DUE TO Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if eny, which geve rise to immediate cause (b) DUE TO Course last. DUE TO Cours	(Stete) PERFORMED? (Stete) (Stete)

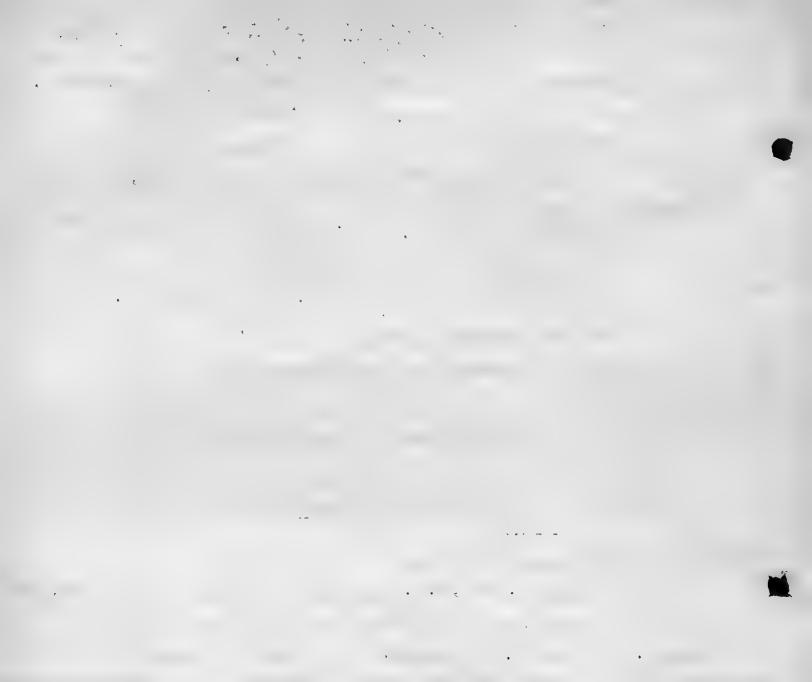
to the state of the section of the s

Euro, + " "

Bases . 18 14 the live of a section of the contract of the section of the section

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY hours after death, it any course, is seen ages 1, 2, and 3 to the funeral director. Page 3. Page 5 may be retained for your files. **b.** COUNTY MARYLAND **Baltimore** Baltimore Co. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) Baltimore , d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 402 Meadow Road YES NO X 402 Meadow Road 3. NAME OF Middle DATE DECEASED (Type or print) DEATH **EMMALENE** NANCY HAHN May 28 19 62 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH lest birthdey) Dec 10, 1920 Months WIDOWED -DIVORCED Female and 27 10b. KIND OF BUS.NESS OR INDUSTRY 11, BIRTHPLACE (Stelle or fore gn country) 10a. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dendix (orp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addie harles Jeans 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) Russell E. Hahn 40? Meadow Kd. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal infarction DUE TO (b) Thrombotic occlusion of abdominal aorta gave rise to immediate cause DUE TO execute the certificate, writing the word "pendin Id be forwarded to the Chief Medical Examiner (a), steting the underlying nould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I all 19, WAS AUTOPSY PERFORMED? Arteriosclerotic cardiovascular disease NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Ilam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f, (City or town) (State) fectory, street, office bldg , etc.) Whie Not While Hour a.m. forwarded to the L DIRECTOR: Pa prior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry and in my opinion Natural causes X Accident [Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 😿 DATE SIGNED should be fo SIGNATURE DEPUTY MEDICAL EXAMINER [EXAMINER'S HOWARD G. SHAUB, M. D. Addre Address (Street, city, town, or county): 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) 22e, BURIAL, CREMAT ON, REMOVAL (Specify) ADDRESS Park Baltimore ò 0 4 0 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S' SIGNATURE 23. FUNERAL DIRECTOR VS. AISME arillar L. Thomas 1. Moran 3000 E. Baltimore St. SM 9/60 DATE JUN

AND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss on) e. COUNTY **b.** COUNTY by the and 2 BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) FORT HOWARD 2 DAYS BALTIMORE filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES NO'Y mpletely 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH JOSEPE LIAH 19 and cor 5 SEX 6. COLOR CR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Davs Hours Male WIDOWED [DIVORCED [72 yrs. Negro August 13, physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Handyman Private Family Carroll County, Maryland U.S.A. e attending pt Then please r oval, and in an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius Hall Susan Nugent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMAÇTINICAL Records, AND Hospital removal, (Yes, no, or unkown) | (If yes give war or dates of service) ending physician. been signed by the WW Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. BRONCHOPNEUMINIA DAYS IMMEDIATE CAUSE (e) XXXXX MASSIVE HEMORRHAGE FROM ESOPHAGEAL VARICES DAYS Conditions, if any, which gave rise to immediate ceuse DUE TO (e), stering the underlying CIRRHOSIS OF LIVER cause last PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18-11 19 WAS AUTOPSY PERFORMED? YES NO X 1 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18) 20a, ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) efached 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tectory, street, office bldg., etc.) Hour e.m. While Not While et work et work DIRECTOR: p.m. 18 1962, to May 20 21. I certify that (h) (this hospital) attended the deceased from May saw the deceased alive on May 20 62, and that death occurred a 200 from the causes and on the date stated above 22e SIGNATURE 22b, DATE ATTENDING MED SIGNED STAFF appeal m. m. as DIRECTOR PHYS. FUNERAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed v VAH FORT HOWARD MARYLAND JOSEPH M. MILLER, M. D. 23d. LOCATION (City, fown or county) 23c, NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. ÷ 5 8 REMOVAL (Specify) O National rid 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4)

Current S. Terres

law requires that the death certificate

15M 7'61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY Baltimore Maryland by the sand 2 seed MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURA), and give negrest town) write RURAL and give nearest town) 125 Davs Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO K 40th Street papers. NAME OF 4. DATE First DECEASED (Type or print) BRADLEY DEATH 1962 D. HALLEYMay and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER) YEAR IF UNDER 24 HRS. last birthday) Months Dave Hours WIDOWED F DIVORCED January Male White remove 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired! Baltimore, Maryland Boiler Maker Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ and Charles F. Halley Mary Jane Brown Then i 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records oval. (Yes, no, or unknown) | (If yes pive war or dates of service) Yes VA Hospital, Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. BILATERAL PNEUMONIA IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions. if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying the bur burial, cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? BENIGN PROSTATIC HYPERTROPHY. RIGHT PYELONEPHRITIS NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER, NOTIFY MEDICAL EXAMINERS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of Item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour e.m. While at work | et work 21. I certify that A (this hospital) attended the decessed from January 20 1962 1962, that (f) (we) last May 1962, and thei death occured at 2:300 from the causes and on the date stated above. saw the deceased 22b. DATE 276. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN FORT HOWARD, MARYLAND SEBASTIAN RUSSO. M. D. 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) \$ B Balto. Nat'l Balto. Md Ruria] 25s REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] .W. Jenkins & Sons Co.4905 York Rd. Balto PATE MAY 28'62

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours afte

completely

physician

aftending

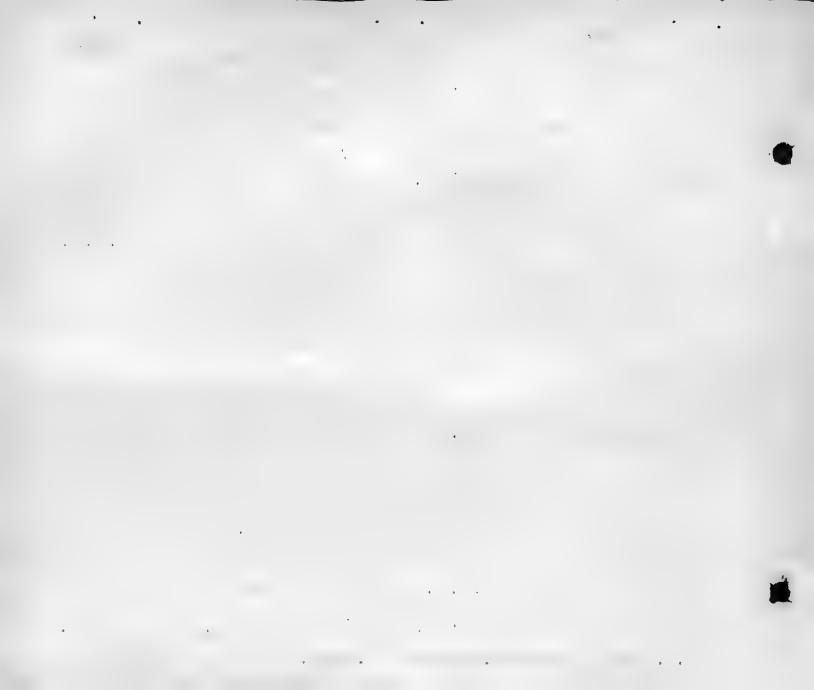
attending physician.

has

certificate

FU

0



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05471
by the funeral and 2 should death.	1. PLACE OF DEATH a. COUNTY Balti Ore Maryland B. CITY OR TOWN (if outs'de corporete limits, composed li
ify filled in by the	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS o. IS RESIDENCE O. A FRANCE
mpletely papers. in 72 hou	SPRING GROVE STAE HOSPITAL 4720 Wheeler Road YES NO Lost 4 DATE Month Day Yeer OF OF Catherine Harleston DEATH May 23 19 62
hysician and co remove carbon any event, withi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY Washington, D. C. 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 14. CITIZEN OF WHAT COUNTRY Washington, D. C. 15. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. last birthday) 16. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)
Then please rival, and in a	13. FATHER'S NAME Charles Harles ton 14. MOTHER'S MAIDEN NAME Ellen Keyes 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If young vewerordelessofservice) unknown Records: STRIG GROVE STATE HOSPITAL
has been signed by the burial, cremation, or remo	IB. CAUSE OF DEATH [Enter only one ceuse per line for ,8], (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic cardiovascular disease ONSET AND DEATH
is certificate for use as th h prior to bu	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Part II of them 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CHIEF RITHER, NOTIFY MEDICAL EXAMINER)
TOR: After the be defacted Dept. of Healt	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slate) Hour a.m. p.m. 19 State of the blog., etc.) 21. I certify that (X (this hospital) attended the deceased from Sept. 20g., 1950, to May 23
RAL DIRECT	saw the deceased alive on
director, partied wil	NAME (Type) Stella Wachsler, In. D. Catonsville 28, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial SPRING GROVE STATE HUSPITAL Catonsville 28, Md. 23d. LOCATION (City, town or county) (Sie'le) Washington, D. C.
A1S (4) M 9/60	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS APR. S. E DATE MAY 2 8 '62 ADDRESS ADDRESS ADDRESS APR. S. E DATE MAY 2 8 '62

The state of the s

1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	~	05477 CERTIFICATE OF DEATH 05472
草草	A	1. PLACE OF DEATH 1. PLACE OF DEATH 2. USOAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
2 2 3 3		a. STATE M . b. COUNTY A . A. A.
hou the		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 1 by		write RURAL and give neerest town
hin ed ir ges afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
Page		Maryland Masonic Home Golfrist Marker 1300 Windoward YES NOW
stelly sers.		3. NAME OF First Middle Lest 4. DATE Month Dey Yeer
mple pap	1	(Type or print) Mary Alberta Harrison DEATH May 21 1962
6 5 5 5 5 5 5 5 5 5 5 5	1)	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yee's 11F UNDER 1 YEAR IF UNDER 24 HRS.
and and cark		TEMALE WIDOWED DIVORCED Aug. 20, 1878 (ast birthday) Months Days Hours Min.
icat cian ove		Toe. USUAL OCCUPATION (Give kind of work tob. KIND OF BUSINESS OR INDUSTRY) 11. B RTHPLACE (Country & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ertif iysic emc my		None City, Md. 451.
th of plants of the second sec		13. FATHER'S NAME
dea din pleg		Albertw Harrison Many Minein
the hen al,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or ymkown) (Ifyesgivewerordetesofservice)
hat the t		118. CRUSE OF DEATH SENSE ONLY ONE COURS DESTRICT (C) (b) and (c).
es fl cian by t by t irmit		CINSET AND DEATH
quir hysia ned it pe n, o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Horten io Solentie Candio viscular yesse yes
o policies de la composition della composition della composition della composition della composition della composition d		Conditions, if any, which
dindin een een al-tr		gave rise to immediate cause
The attent as bound as burning al, o		(e), stofing the underlying DUE TO
N or the the buri	1	
fical fical fical as		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I OTHER SIGNIFICANT CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN
PSI hos certi use orior		20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Port I or Port II of Tom 18)
PH the this for		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Figure 5 G		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
DIT Aff		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. While Not While et work et work et work
O Br. Cept.		21. I certify that (1) (this hospital) attended the deceased from Cock 196/ to 10 cm, 196/ to 10 cm, 196/ to 10 cm
A LICE		saw the deceased alive on 111 and 20 1962, and that death occurred et 12M, from the causes and on the date stated above.
Should Star		22e. SIGNATURE 22b. DATE 4GNED. STAFF 4GNED
741° =		Zee west Shrull M.D. PHYS. DIRECTOR DIPHYS. D 3/21/4.2
Pag Pag	- 1	122c. PHYSICAN'S Thank the R. Shenn'll MD 22d. ADDRESS Cocker Prill Pol
or, be		
HC File	1.	236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) RITT TAT Woodlawn Green Woodlawn, Maryland
C _P C _P	11	BURIAL 5-24-62 Woodlawn Cemetery Woodlawn, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60		Wm. Cook, Inc., 1217 St. Paul Street, Baltimore 2
10011 7100		DATEMAN 23 '02 Carling & France

THE REST ASSOCIATION IN THE A SECURITION OF THE ALVERT



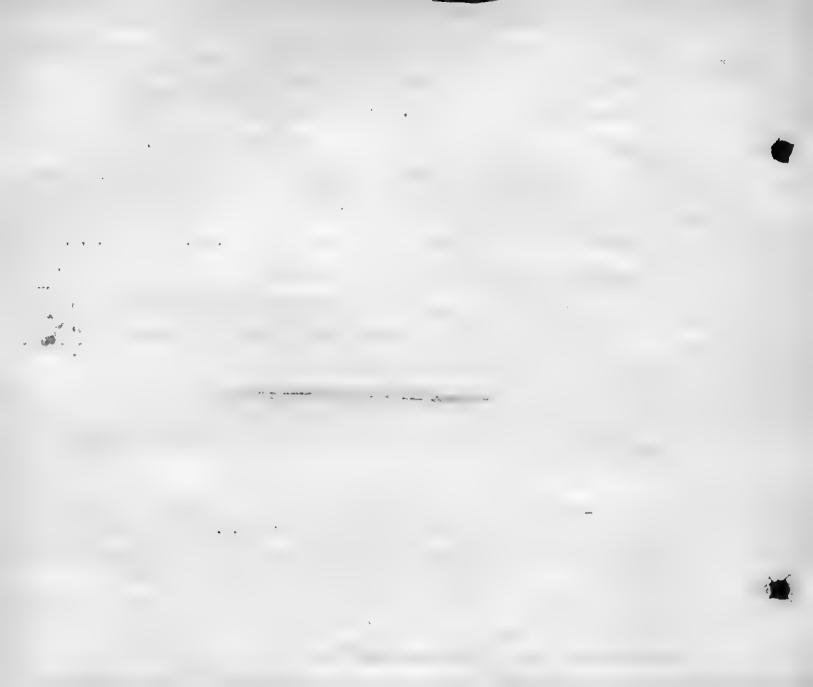
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kyed, If institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Baltimore Md. MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Lifetime Garrison, Maryland Garrison d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Y Garrison, Maryland 3. NAME OF 4. DATE Midd e Month DECEASED OF (Type or print) DEATH 62 Elizabeth 19 Harrison May IF UNDER YEAR 5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS . 8. DATE OF BIRTH AGE (In years last birthday) Months Days Hours 1885 WIDOWED TO DIVORCED [Female. 6 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore on country) done during most of working life, even if retired) U.S.A. Housewife own home Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME death Horace W. White Jan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Jane Marv Ward (Yes, no, or unkown) | [[[yesqivewarordatesofservice] No None 220-30-4966Mr. David R.W. Harrison, Garrison, Maryland B. Cause of Death [Enter only one cause per line for [6], [6], and [6].] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **DUE TO** gave rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CATION PERFORMED? NO 2Db DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18] 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, ' 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While WED Hour a.m. et work at work o.m. to... Mars. 26 1962, that (1) (400) last 1.5 May 1902, and that death occured at 3 2M, from the cases and on the date stated above saw the deceased alive on 22b. DATE 22n. SIGNATURE ATTENDING SIGNE PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION, | 23b. DATE THEREOF O: P REMOVAL (Specify) ,1962 St. Thomas 28 Cemetery Garrison Forrest. May 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 141 CLATHUM ... ISM 7/61

DEPARTMENT OF HEALTH



	1		DIMEION	OF STATISTICAL	MAR	YLAND STAT	TE DI	PARTMENT	OF HEALT	H	Drd AAAD	271 A 1410
	" -	k	0547	9	L KESEA	CERTIFIC	CAT	E OF DEAT	H		RE 1, MAR)	DIMM A
s after funera			PLACE OF DEAT	H	ltem	-< <u> </u>	<u>عر</u> ي. ا	3 10/2/UZ 2. USUAL RESIDEN		esed lived, If in	stitution, Residence	te before edmission)
the	2 X	1-		Ltimore		MARYLI c. LENGTH OF STAY		E. CITY OR TOWN				, , , , , , , , , , , , , , , , , , , ,
24 z	E 6		write RURAL an	d give neerest town)	4	-1	IN ID		imore	irė irmitis, write	KUKAL and give i	leatest town!
ed in	affe	\vdash	d. NAME OF HOSP	ings Mills	not in hos	<u>うき yrs。</u> pital, give street address	6)	d. STREET ADDRESS				IS RESIDENCE
更	E 13		Ros	sewood State	Trai	ning School	1	522 V	West Lan	avale S	t.	ON A FARM?
et et et	2 2 2 2 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4	3.	NAME OF DECEASED	First		Middle		East	4. DATE	Month	Day	Year
xecu	E C		(Type or print)	Jose	ph	Allen		HAYNIE	DEATH	5	31	19 62
8 D	為 🕌	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	X 8.	DATE OF BIRTH			Months Days	IF UNDER 24 HRS.
ne n		1	Male	Negro	WIDOWE			7/13/44	1	173 va.	1	
riffice sicia	١	d	one during most of w	IION (Give kind of work orking life, even if relired	10b. K	IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Cou	nty & State, or for	eign country)	1	F WHAT COUNTRY?
ih ceri g phy:	in any	13	depend	lent	-	none		Baltimon 14. MOTHER'S MAIDEN	re City,	Md.	U.	S.A.
endin	in plez	15	William WAS DECEASED EV	YER IN U.S. ARMED FORCE	ES7 ; 16	SOCIAL SECURITY NO.	1 17. 10	Ellen Da	<u>ay</u>	Address		
ot the	The	(Y	es, no, or unkown) [If yes give werer detectofset	rvice)			Posenion	d Record	a Ourin	ae Mille	Marylan
s the	rên Tên	-		DEATH Enter only one	ause per li	ne for (e), (b), end (c).		Rosewood	u itocoru	OHILL OHILL	, INT	ERVAL BETWEEN SET AND DEATH
ysici ed b	후		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	B	ronchop	ne	mong_	due 1	to asp	unition	4 days
no de la phone de	ansit ation		351X	DUE TO	57	at 1		1-1			4	1073
ding.	ren rem		Conditions, if en-	147	4	Stomach	Cu	claus				
The atter	al, o		(e), sletting the u	anderlying DUE TO	0	release to		1.0	-	-		
S of	the Duri	z		R SIGNIFICANT CONDITI	ONS CON	TR.BUTING TO DEATH		RELATED TO THE TERM	NAL DISE SE CO	NDITION GIVE	N IN PART 1(e) 15	. WAS ALTOPSY
E life	5 5 3	ATO	an	adribles	7	will a	- sa	Langt	to ol	.0.41		PERFORMED?
hos	prior original substantial sub	CERTIFIC	20a, ACCIDINT W	AS UNDERLY NG CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURED.	Enter nature of injury in	Pert I or Per II of	item 18	7/ Buy	
유 등 등	충돌	Ü	(IF EITHER, SOTIF	MEDICAL EXAMINER			{		/	•		4
Affer Party	etache of He	EDICA	20c. TIME OF INJI Hour a.m.	URY Month, Dey, Yeer	20d. i While et work	Not While		CE OF INJURY (Home, far ry, street, office bidg., etc.		r town)	(County)	(Stete)
etal OR:	ф. ф.	12	p.m.	that (1) (this hospita			from	10/1	1956 to	5/31	10 6211	tat #M (wa) lest
S A	를 호 - C		saw the decea					death occured al4				
S PER	sho Sfa		22a, SIGNATURE		n'	10			MED.	KTAFF	20	22b. DATE SIGNED
F 2 H	8 c			any 1.	/Ju	the	M,	PHYS.	DIRECTOR	PHYS.	2 Tune	6 2
F 60 H	Ed T		NAME TYPE) (/,				22d. ADDRESS	cac MI	elle !	nd.	
S E	E do	73	BURIAL, CREMAT	ION. I VSB. DATE THRE	7	1236. NAME OF CHA	ÉTERY C	R CREMATORY	23d. LOCAT	ON (City 1999	or county)	(Stelle)
Op O.	. Z	-	MOVAL (Specify		,196	h.A.	4	u hur	U 13,	the	mis)	. mel.
VR ATS	5 (4)	24	FUNERAL DIRECTO	S SIGNATURE 34.6	Aibs	ADDRESS	,	25a, RE	C'D BY REGISTRA	m.	STRAR'S SIGNAT	
1SM 7	7,61	L	Holland T	Inevel Home	_ /	631 Driva	Hil	Marl. DATE	∦UN 7 '6	2 (thun 8. 10	aud
		-										



, ,			EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
State of the last			E OF DEATH 05474	
M	1.	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before e. STATE Maryland b. COUNTY	admission
er dearth		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Catonsville 27 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest to Baltimore	wn)
ours afte		d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital give street address) SPRING GROVE STATE HOSPITAL		RESIDENCE I A FARM?
4			112 014	62
ent, will	f	emale white whowse X Divorced	1896 1896 9. AGE (In years If UNDER I YEAR IF UNDER 16 birthday) 65 yrs. RX 11. B RTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT	Min.
	do	housewille FATHER'S NAME To during most of working I fe, even if retired) Home (Retired) Home (Retired)	11. 8 RTHPLACE [County & State, or foreign country] Mary land 14. MOTHER'S MAIDEN NAME	COONIKI
T		unknown	unknown	
	IS. (Ye		informant Address cords: SPRING GROVE STATE HOS ITAL	_
or ren		18. CAUSE OF DEATH [Enter only one couse per line for (e), (b, end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arter. Coclerotic	c cardiovascular disease	
Hallon,		Conditions, If only, which to		
		geve rise to immediate ceuse (a), stelling the underlying DUE TO (c)		
, 0	NO.			ORMED?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	NIA YES (Enter neture of injury in Pert , or Pert II of item 18.)	ио 📗
		OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	Hour e.m. While Not While p.m. 19 et work 6t work	ACE OF INJURY (Home, ferm, 20f. (City or town) [County) tory, street, office bldg., etc.]	(State)
		21. I certify that (M (this hospital) attended the deceased from saw the deceased alive on May 21 19.62, and that	death occured at	ed abov
		220. SIGNATURE	ATTENDING MED. STAFF	25. DATE SIGNE
900		220 PHYSICIAN'S SULLA WALLAUS, M	ADJ ADDRES	
A WILL LING ON		22c. PHYSICIAN'S NAME (Type) Stella Wachsler, E. D.	22d. ADDRESS SPRIG GROVE STATE HO PITA Gatonsville 28, Maryland	L L
be filed with the Sta	23	22c. PHYSICIAN'S	22d. ADDRESS SPRIC GROVE STATE HO PITA Ga tonsville 28, Nary Land OR CREMATORY [23d. LOCATION IC by, 10 Win or county]	L Stete)



1			MARYLAND STATE DEPARTMENT OF HEALTH	
1 1 P		0	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	05475
o funer	VI)		Place of Death COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased I ved, If institution e. STATE Maryland b. COUNTY MARYLAND	n: Residence before admission)
t hor my th and death			b CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give neerest town)	end g ve neerest town)
d in E	41	<u> </u>	Catonsville 2 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	7 . IS RESIDENCE
Page Urs a	1,2		Paradise Nursing Home	ON A FARM?
ers.			Paradise and Altamont Avenues 333lt Keswick Road NAME OF Lost 4. DATE Month	Dey Year
rapic pap			DECEASED OF DEATH MAY	20. 19 62
d co bon within		5.	SEX 16. COLOR OR RACE 7 HARRIST TO B. DATE OF BIRTH 19. AGE (In Years 1 F UND)	ER 1 YEAR IF UNDER 24 HRS.
te b			Female White wildowed X Divorced Dec. 3, 1072 09 yrs.	
ifica iciali nove eve		10a do	ne during most of working I fe, even if retired)	CITIZEN OF WHAT COUNTRY?
th cert g phys ase rem in any		13.	At Home District of Columbia FATHER'S NAME District of Columbia 14. MOTHER'S MAIDEN NAME	USA_
dea dea plei	(I)	15	Richard Jones Catherine Parker	
the atte [hen val,		(Ye	WAS DECEASED EVER N U.S. ARMED FORCES? In o, or unkown) (Ifyesgive werordeles of service) No William H. Surratt 3331 Keswic	k Road
that n. the the emo		٦	18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b), and (c), Balti more	I INTERVAL BETWEEN
sicia d by perm or r			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arterio Sclerosis	ONSET AND DEATH
Phy phy gne gne ion,			450.0 DUE TO	
law ding an si l-trai			Conditions, if any, which (b)	
The then the series be suriable.			gave rise to immediate cause (e), stating the underlying DUE TO	
N: or a or a he b		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ADT I(a) 19 WAS AUTOPSY
spital spital fificate se as t	G	CATION	Arthritis, Rheumatoid, evere- Decubitus Ulcers Buttock	BEDEODIACD3 /
PHYS the ho his cer I for u		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part For Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by ffer t chec Hea		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f (City or town) factory, street, office bldg., etc.)	County) (State)
MDI ined deta		WED	p.m. 19 et work et work	(6)
TT refer to the Page 17.				19, that (I) (wa) last
X A A SEC Ould ould tate			saw the deceased alive on	n the date stated above.
L DIII			M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	5/21/61
STATA N. Pag d with	1		22c. PHYSICIAN'S NAME (Type) m. E. McGrath, N.D. 22d. ADDRESS 1303 Frederick Rd., Ca	tonsuille 28
FO For	2	234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	,
ರ್ಷ್ಟ್ ಕೃತ್ತ	1	_	Burial May 22, 1962 Lorraine Park Baltimore Co.,	Maryland
VR A15 (4) 15M 9/60	1/4	24		& Maine
		I_	Horace F. Curifiel	

31

, J

. 1	MARYLAND STATE I Division of STATISTICAL RESEARCH AND RECORDS	DEPARTMENT OF HEALTH	APVIAND
FOR STATE	05492 MEDICAL EXAMINER		05476
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution:	Rasidence bufora admission)
M € E E	Baltimore MARYLAND	. STATE Maryland b. COUNTY	Baltimore
our f	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest lown)
CT - Man - M	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve street address) Residence	1813 Hanford Kond	o, IS RESIDENCE ON A FARM?
funeral funeral frate Boath.	3. NAME OF First Middle	Lest 14. PATE Month	YES NO Day
Harrets refs refs de de	(Type or print) HERMAN LEROY HESS	OF DEATH May	8 19 62
affer affer	5. SEX 6. COLOR OR RACE 7. MARRIED TEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
fler dea 2, and 3 5 may 1d 2 wit hours a	male white widowed DIVORCED	11-2/-1900 53 yrs.	Days Hours Min.
2 a 8 - 2	done during mast of working life, even if relifed)	TRY II. BIRTHPLACE (State or foreign country) 12. C.T.	ZEN OF WHAT COUNTRY?
24 hours	13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	15/1
W 0 2 4 7	Frank Hess	Lillian Lemcke	
一造の 真正 巻 十 //	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	-
>	216108935	Bernice R. Hess	same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
e exe acil in alon frans		iosclerotic heart disease with	ONSEI AND DEATH
0 0 0		ry and visceral congestion and	
.64 -6	gave rise to Immediata cause	ary edema	
ifficate sl pending aminer's sed as a m, or re	(a), stating the undarlying DUETO		
ertificate d. pendir Examiner s used as tion, or 1	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT BE A TED TO THE TERMINAL DISEASE CONDITION CIVEN IN DARY	partie
	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT I	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DRATH BUT NO TO THE CONTRIBUTION CONTRIBUT	(Enler nature of njury in Part I or Part II of Item 18.,	KEZKZI NOZEJ
EXAMINER ate, writing the Chief M the Chief M R: Page 3 shrior to burial	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt Hour a.m. While Not While	LACE OF INJURY (Homa, farm, 20f. (Clly or lown) (Counciony, street, office bidg., alc.)	(State)
cate, to the OR: F	21. I certify that I took charge of the remains described above, h	Partial !	and to any outstand
		icide . Homicide . Undetermined manner	and in my opinion
5 8 5 5 8	M (- A	CHIEF MEDICAL EXAM.NER	J
원축 <u>중립</u> 고	ACTUAL SIGNATURE SIGNATURE	M.D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
S E E C	examiner's Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER May 8	1962
DEP. IN	22e. BUR.AL, CREMATION, 22b. DATE THEREOF 72c. NAME OF CEMETERY (Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
0 g 4 G g	6 wrial 5-11-62 Trinity (v.	· Lutheran Saltimore (ount	u ind.
VS. AISME N 5M 9/60	L. J. Ruck Inc. 5305 Harford Road	d DANAY 1 0 '62	
AV	- Joseph John Maria Maria	a DAMAY 1 0 '62 willing & 7	GAMAS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1			MARYLAND STATE DEPARTMENT OF HEALTH	-
L 37		0	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	05478
ours after be funera 2 should	M)		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution of STATE NATURAL b. COUNTY) b. COUNTY	
in by the fer deap			b. CITY OR TOWN (if outs de corporate limits, write RURAL end area neares; sown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN ill quiside corporate limits, write RURAL Ballimble	and give neerest town)
hilled Fage Page Fours at			d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 2020 Rewelling Id	*. IS RESIDENCE ON A FARM? YES NO
ompletel			NAME OF DECEASED (Type or print) Amus Middle Last 4. DATE Month OF DEATH 5	25 19 62
n and c carbor ant, witl		-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDE law birthday) Months 8 H yrs.	Deys Hours 1 Min,
th certificate physician isa remove in any even		do	IL USUAL OCCUPATION (Give kind at work ne during most of working life, even if retired) The during most of working life, even if retired) FATHER S NAME 14. MOTHER'S MAIDEN, MARE	STIZEN OF WHAT COUNTRY
the death attending Then pleas val, and in	(I	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addross Addross	
quires that hysician. sed by the I permit. n, or remo			18. CRUSE OF DEATH (Enter only one cause pay line for (e), (b), end(t),) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coural Danckar Course	INTERVAL BETWEEN ONSET, AND DEATH
he law re tending pl been sign urial-transi			Conditions, if any, which geve rise to immediate cause (b) Orter rockerous - General Sch	year
AN: Tel or at ate has the by the buriel		NOL	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a), 19. WAS AUTOPSY PERFORMED?
HYSICI ne hospiti is certific for use a	O	CERTIFICATI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I of 10em 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
ined by the After the detached		MEDICAL C		ounty) (State)
ATTER be retail ECTOR wild be			21. I certify that (I) (this hospital) attended the deceased from March 27., 1965 to March 1965, and that death occured at MM, from the gauses and or	19(a That (I) (we) la the date stated above
AL OR AMAY KAL DIRI			220 VIGNATURE EMCONICO STAFF MED. ATTENDING. MED. STAFF PHYS. DIRECTOR PHYS. DIRE	25 /96 ZSIGNE
HOSP death. D FUNE director, p	1	23a	NAME (Type) Resilentor: Margh BORIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. TORATION (CANTION) PENOVAL (Specify) PENOVAL (Specify)	(Spote)
VR A1S (4) 15M 7,61		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE A. '62 A. '62 A. '62 A. '62 A. '62	S SIGNATURE
		-		



TISTICAL RESEARCH AND RECORDS. . 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution; Rasidance before admiss on) COUNTY by the and 2 death MARYLAND by # CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY .N 16 write RURAL and give nearest town) filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address a. 15 RESIDENCE ON A FARM? YES NO 7 completely NAME OF DECEASED OF DEATH (Type or print) and cor AGE (In years IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY country) 12. CITIZEN OF WHAT COUNTRY? days during most of working life, Wen if retired) TO US C ᇻ please attending IS. WAS DECEASED EVER IN U.S. ARMED FORCE OCIAL SECURITY NO (Yes, on, /or unkown) | (Ifyasgiva war ordates of servica) the 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c), IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying ficate has I as the bur cause last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(a) 19. WAS AUTOPSY GENTIFICATION PERFORMED? S 0 NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY [County] (Stata) factory, streat, offica bldg., etc., Whila Not While Hour a.m. at work at work 19 p.m. 2). I certify that (I) (this hospital) attended the deceased from... 1910 Z and that death occurred fill Minimum the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE ATTENDING SLGNED STAFF PHYS. PHYS M.D. 22c. PHYSICIAN'S NAME (Typa) BURIAL, CREMATION, 236, GREMATORY 23d. 显示 OI FUNERAL DIRECTIO VR A15 (4) 15M 9/60

OF HEALTH

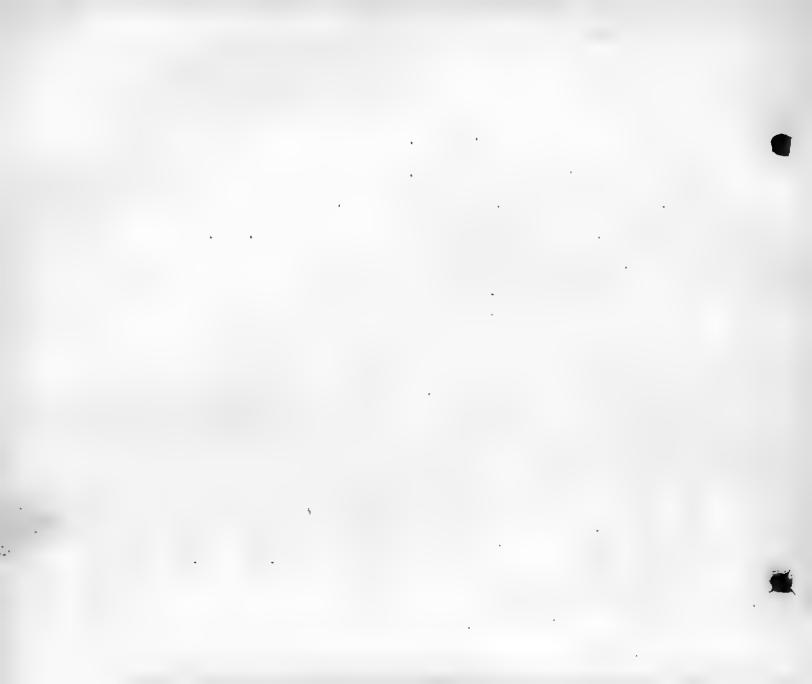
a manufacture of the second of

witness & Thomas

•	0.0.2	O. C.		CERTIFICA	CERTIFICATE OF DEATH						Reg. Dist. No.				
1	PLACE OF DEATH	L\$		MARYLAND	2. US	STATE MONTH		t fived If institut of COUNTY	on-Resider	nce befor	e odmissi	on)			
\vdash		timore	*,		-	Maryıa			-						
П	RURAL ond give n	If outside corporate limit earest tawn)	is, write	c. LENGTH OF STAY IN 16	C.	CITY OR TOWN (II	•	rote limits, write R	UKAL and	give nec	rest town	ž			
L		onsville			1	Balti	more			4 4 4	*				
П	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital g	ive street	oddress)	d	. STREET ADDRESS				1	e. IS RESI ON A	FARM?			
i	louse in the	ne Pines- 1	Fus	ting Ave.	9	10 Walnut	yasun	e #29			YES 🗌	NO 🗌			
3.	NAME OF DECEASED	Fire	i†	Middle		Lost	4. DATE OF	Mon	th	Da	y Y	reor .			
	(Type or print)	Garfield		F.	H	orsmon	DEATH	Ma	ay .	20	T	19 6			
5.	SEX	6 COLOR OR RACE	7 MARR	RIED A NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years	IF UNDE		IF UNDE	R 24 HRS			
	Lale	Thite	WIDOW		Oct	. r. 1886	5	last pirthday)	Months	Days	Hours	Min.			
10	o. USJAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR INDL	STRY 1	1 BIRTHPLACE (Sta	te or foreign o	puntry)	12, CI	IZEN OF	WHATC	OUNTRY			
	during most of war	king life, even if retired)		oul Istate		Calvert	Cu. H	d.			UCA				
13	. FATHER'S NAME	0111097		(X2 11) 000 00	114	MOTHER'S MAIDEN									
"		llan Hanne	. 20		1-1.	Ann You									
		ellan Horsmo			INFORM		mg								
10		R IN U.S. ARMED FOR	wyrce)				TT	Addi		===		2/00			
	Inknown		21	8-28-1814	urs.	Helen E.	. Horsm	on-Arc 19	unut	h√6	nue	1, 49			
Н		ATH [Enter only one co	use per li	ne for (a), (b), and (c).]							ERVAL BE				
П	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	,	lines	ينمه					3.	بهدير	rthe			
l	442	DUE TO													
	Canditians, if a	ony, which)	1	typesterners.	4.1	Punish	intio co	بدهنائه	rulas	10	-2 4	FOLAG			
	gove rise to i	immediote (11		and the same of th				-	- 5				
	cause (o), stating lying cause last.	the under-		deseas	e										
Z		HER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEATH BU	T NOT E	FLATED TO THETER	MINAL DISEAS	F CONDITION GIV	FN IN PA	RT 1(a) 1	9. WAS	AUTOPSY			
18	1	TEN BIOTHI FERTI COTT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								PERFO	RMED?			
15	On A COIDS NT IN	te Unipermunio ET	00L DEC	CRIPE HOW IN INDIVIDUOUS	D 45-1		- 0 1 0	t if at item 10 t			IES [NO [
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING [ZUD. DESC	CRISE HOW INJURY OCCURRE	LD (ENT	er nature or injury i	in Fart I or For	i ii or irem is j							
		MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJUI Hour o.m.	RY Manth, Day Yea	F 20d (I While	NJURY OCCURRED 20e Pl	LACE OF	F INJURY (Home, fo treet, affice bldg , a	orm, 20f (City etc.) !	or Iowa)		(County)		(State			
ME	p. m.	19		k ot work		_									
	21. I certify ti	nat Lattended the	deceas	ed fram Ost	D	19.6 ta_	may:	10 1962	that I I	ast say	w the d	ecease			
1	alive an	ALL SE	, 19 <i>B</i>				A 81		_						
L	dive di _bo		, 17,2	, una mur dean	I UCC.	illed dizzio		rne causes an treet, city ar tawn,		e agre		E SIGNE			
П	ACTUAL	1.0	9	024-7		2015-	140	050	,	2	7/	-13			
П	SIGNATURE	to well	- he	word.	M.D.		41 / Qu	el or	1	2		-6-			
	PHYSICIAN'S NAME (Type)	JOHN A.	NE:	BITT, JR		Bel	timor	2 2	hu		Com	1			
27	a BURIAL, CREMATIC		F	22c NAME OF CEMETERY	OR CREA	MATORY	22d, LOCA	TiON (City, town,	or county)	J	(State	e)			
	REMOVAL (Specify Burial	5-23-62		Lorraine Mau	Sul e	eiim	Pal	timore. 1	arvl	and					
23	FUNERAL DIRECTOR			ADDRESS /		24o RE	C'D BY REGIST				RE				
7	12m 01	Buela S.	-	Bell 1	7	DATE	AY 2 4 '6	2							
10	1111 U _1/1	MARKEN QU. 39	11.17	KURIAN 17	. /12	UAIL		Lun	fruit &	77					

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 km after death Page-4 may be real by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/58



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY e. STATE **b.** COUNTY Dal to MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Balto Co ho vrs Dalto Co d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 25 Ebenezer Rd 25 Ebenezer Road YES TX NO NAME OF First Last 4. DATE Day Middle Month Year DECEASED Howell. 1962 (Type or print) William DEATH 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months | Days Male WIDOWED PC DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE , County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balto Co. Md US A Farmer armer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Christopher Henry Howell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) 25 Ebenezer Rd Balto "argaret Fritter None 18. CAUSE OF DEATH (Enter only one cause per line for (4), (b), and (c no-Vasculur accident INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Alerotic Cardio-Vascular disease geve rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART IL OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pent I or Pent II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home ferm. (County) (State) fectory, street, office bldg., etc.) Not While While MED at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on ATTENDING STAFF PHYS. PHYS. 22d ADDR 22c. PHYTICIÁN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 238 BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 0 Chase Marvland Ebenezer Burial 25e. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7,61 Funeral Home 7 40/ Belan Ros arthur & House DATE

DEPARTMENT OF HEALTH

F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH	ARYLAND
M	I. PLACE OF DEATH a. COUNTY BAITIMORE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and c. LENGTH OF STAY IN 1b	Itim ra
uns after de	write RURAL and give nearest town) FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) VETERANS ADMINISTRATION HOSPITAL 9 BUTTERCUP LANE	o. 15 RESIDENCE ON A FARM? YES NO
n papers. hin 72 ho	3. NAME OF DECEASED (Type or print) FRAME J. HUFF! DEATH MAY	6 19 62
event, with	MALE WHITE WIDOWED DIVORCED UCTODER 3, 1906 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	Hours Min.
d in any eve	Bricklayer Construction Bridgeport, Ohio U.S 13. FATHER'S NAME CECELIA McGRAIL	.▲.
f. Then ple moval, and	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CLINICAL RECORDS YES WW II 286-09-0538 VAH, FORT HOWARD MARYLAND	
nsit permi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c)] PART I DEATH WAS CAUSED BY: UNEMTA DUE TO	interval between onset and death 1 Month
burial-tra ial, cremai	Conditions, if eny, which gave rise to immediate causa (e), stating the underlying cause last. (b) DIABETIC NEPHROPATHY DUE TO (c) DIABETES MELLITUS	Unknown 13 Years
ior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(e) 19. WAS AUTOPSY PERFORMED?
Health pr	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of dam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Country)	y) (Stale)
Dept. of	20c. TIME OF INJURY Month, Day, Yaar Hour a.m. 19 20d. INJURY OCCURRED While Not While at work at work at work at work at work at work 21. Certify that 10 (this hospital) attended the deceased from 23. Apr	
3 should the State	saw the deceased alive on . 6 .May 19.62, and that death occured at 2:154 from the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the caused at	e date stated abov 22b, DATE SIGNE
flor, page	22c. PHYSICIAN'S NAME (Type) GORGE C. MCELFATRICK, MD VAH, FORT HOWARD, MARYLAND 23a. BURIAL. CREMATION, 23b. Date THREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
5 (4)	REMOVAL (Specify) Burjal LOUDON PARK CEMETERY BALTIMORE, MARYLAN ADDRESS ADDRES	1 D

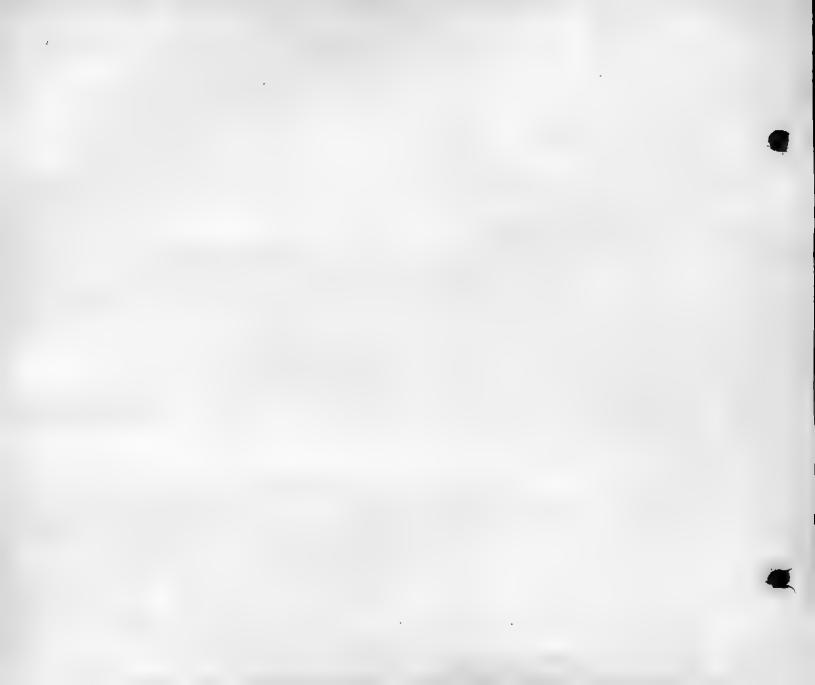
1		MARYLAND BYAYE DEPARYMENT OF HEALTH	
L 57		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15489) CERTIFICATE OF DEATH	
unera		USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmit a. COUNTY e. STATE b. COUNTY	ssioni
hours hours and 2 s	M)	Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town)	<u></u>
thin 24 led in b ages 1 a	12	d. NAME OF HOSPITAL OR INSTITUT ON ('F not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	
etely fill pers. Pa 2 hours	100	Rosewood State Training School 8401 Lest American Month Dey Yes No North Dey Yes	
xecu pap pap in 7		(Type or print) Debbie Elaine HUNLEY DEATH 5 8 19 62	} _
No co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR, FUNDER 24 lest birthdey) Months Days Hours Months Days Hours Months Days Hours Months Days Hours Months Days Months Days	HRS.
cate bian an ve cal		Female White WIDOWED DIVORCED 2/5/58 4 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTY	NTRY?
physici e remo		dependent none Prince Georges Co., Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
death nding pleas and ir		Bethel Vernon Hunley Shirley Darlena Robertson	
the atter Then val,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or detectors every continuous) (If yes give war or detectors every continuous) (If yes give war or detectors every continuous) (If yes give war or detectors) (If yes give war o	3
that n. the if.	-	no none Rosewood Records, Owings Mills, Maryla Rosewood Records, Owings Mills, Maryla Rosewood Records, Owings Mills, Maryla Rivers (e.g., INTERVAL RETWEE	ina EN
ires sicia d by perm or r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DJE TO Conditions, if eny, which gove rise to Immediate cousa (b) Spalins Epileplicus complicated from Conditions, if eny, which gove rise to Immediate cousa	rH
requency physical rights in set Fion,		DJETO / 1-0 0-0 600 / h	_
faw ding en s en s ema	1	Conditions, if eny, which gever rise to immediate cousa (b) by britalisat bronche premium on to 40 mg.	5 -
The attents so be buried buried al, cr		(e), steling the underlying DUE TO	
te he the the puris		PART I., OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0] 19. WAS AUTO	
Spital spita spita spital spital spital spital spita spital spita	2	atonic Deplegia Engenital & Symptonatus Birth YES NO	101
PHYS: the hos his cert for us th prio		200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I of Pert II of Item 18.) Enclosed (IF EITHER, NOTIFY MEDICAL EXAMINER,	
MG by PG Ched Heal		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stet Hour e.m. While Not While at work at work at work	le)
NDI ined deta			
Hand and		21. 1 certify that #) (this hospital) attended the deceased from. 11/15	
R A A Second		saw the deceased alive on 5/8 19.62, and that death occurred a 52.45%, predice the causes and on the date stated at 22a. SIGNATURE	DOVE ATE
AL DIS		ATTENDING MED. STAFF DIRECTOR A STAFF DIRECTOR A PHYS. D 5/9/62 SI 22d. ADDRESS	GNED
NEA.		NAME 1996 Harry G. Butler, M.D. Rosewood Lane, Owings Mills, Marylan	_ =
HO HO	. 1	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stotal REMOVAL (Specify)	
Sectory.	1	Burial 5-11-1962 Liberty Baptist Lisbon, Md 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	_
VR A15 (4) 15M 9/60		F.C. Higinbothom, Ellicott City, Md DATE MAY 11'62 Civing S. Firms	

-11.

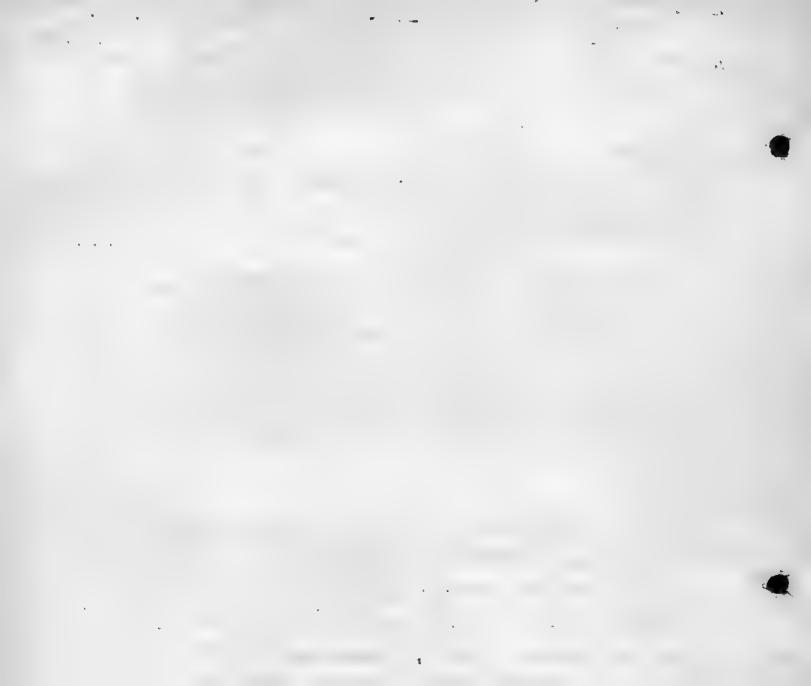
1	MARYLAND STATE DEPARTMENT OF HEALTH	_
1.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	MORE 1, MARYLAND 05484
	I. PLACE OF DEATH	If institutions Residence before admission
M	Baltimore MARYLAND S. STATE MP.	UNITY TO THE TOTAL OF THE TOTAL
_/	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, w. write RJRAL and give nearest town)	ita RURAL and give nearest town)
V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	. IS RESIDENCE
^	6158 Regent Park Rd. 6158 REGENT PK.	PD. YES NO
	3. NAME OF First Middle Last 4. DATE Moi OF DECEASED (Type or print) Charles Hush DEATH May 1	
	5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In year	IF UNDER I YEAR IF UNDER 24 HRS.
	M. WI WIDOWED DIVORCED - FEB. 23, 1886 76 YE.	
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stella, or foreign countring and during most of working 1 fe, even if refired)	y) 12. CITIZEN OF WHAT COUNTRY
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Ca . 3 / 21.
	- Hust. UNIKAIOWA	#100A
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Hyesg vewarordates of service) 1/2/2/2/1/1/1/2/2/2/2/2/2/2/2/2/2/2/2/2	777
	18. CAUSE OF DEATH [Enter only one cause par line for (a) (b) and (c).] 6/13 6 17 ESENT DA. K	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTURIOS CLEDOTIC (U.D.	- CHURCH AND SEATH
	422,1 DUE TO	
	Conditions, if any, which gave rise to immediate cause DUE TO	
Α.	causa last. (c)	
G	PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	PERFORMED?
	Da ACC DENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of njury in Part , or Part II of itam 18.)	
	TO (IF EITHER, NOTIFY MEDICAL EXAMINER)	to all the l
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, Phour a.m. While Not While at work at work at work	(County) (State)
		1. /, 196. that (I) (we) la
	saw the deceased alive on	
	228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS.	22b. DATE S GNE
1	22c. PHYS.CIAN'S NAME (Typa)	-
1	V. (, TOUND) 3326 Redere	town or county) (Stata)
	238. BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERS OF CREMATIONS 23d. LOCATION (City.) REPOVAL (Specify) REPORT	NP.
N.	24 FOREKAL DIRECTOR 3 SIGNATURE	REGISTRAR'S SIGNATURE
13	WITZKE, YIO, EDMONDSON AUE, DATE MAY 3 '62	Chilling & Hours



ESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05491 RTIFICATE OF DEATH OSUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on PLACE OF DEATH o. COUNTY F ann F MARYLAND b. CITY OR TOWN (if autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate Junits, write RURAL and give neares) town) RURAL and give nearest town) majou Catonsville d NAME OF HOSPITAL (If not in hospital, give street publication IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUT QU State Hospital YES NO NO NAME OF 4. DATE DECEASED 20199 (Type or print) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Hours 2 DIVORCED | WIDOWED -10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if religed) RCHINGIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marsare IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AUDREY LANE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise la immediate DUE TO cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? I LE MUDICIONA YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while p. m. at work at work 21 I certify that (1) (this haspital) attended the deceased from 4-21 19.6.2 that (1) (we) last , and that death accurred at PAM, from the causes and an the date stated above. saw the deceased alive an ... 5 22o SIGNATURE 5-20-62 SIGNED M D PHYS 22c PHYS CIAN S 22d. ADDRESS * NAME (Type) 23g BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY (State) 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR arthur & Krous MAY 2 3 '62 DATE 15M 9/59



(**)		DIVISION OF STA	\$ 4 ma-4.	EARCH AND RECO		ESTON STREE			5486
M)		Baltimore Colff or Town (if outside co		MARYLAN	a. STATE Ma.1	ibence (where de yland	b. COUNT	Υ	<u> </u>
		FORT HOWARD NAME OF HOSPITAL OR INS	st town)	3 days		own (If outside comp Ltimore DRESS	orale limits, write i	RURAL and give i	1 . IS RES.DENCE
		NAME OF DECEASED	ministrati	lon Hospital	935 Last	Bevan St	reet	[*] Day	YES NO XO
				W.	JACKSON B. DATE OF BIRTH	DEATH 9.	last birthdey)	F UNDER 1 YEAR Months Days	19 62 IF UNDER 24 HRS Hours Min.
	do	Male Neg . USJAL OCCUPATION (Give I ne during most of working life, e Sexton	and of work 10b. ven if retired)	VED MOORCED DIVORCED TO INDU	1	1887 (County & State, or the Co. Va.		12. CITIZEN O	F WHAT COUNTRY
		FATHER'S NAME Littleton Jac			14. MOTHER'S M			0101	***
		Yes WW I	rordetes of service)	s. social security no. 1 216-07-6702	Fort Howai	inical Rec			
		PART I DEATH WAS CA	IECO NA	PTIC ULCER, LE	SSER_CURVA	TURE OF ST	OMACH	ON	ERVAL BETWEEN ISET AND DEATH IKNOWN
		Conditions, if eny, which geve rue to mmed ete cause (a), stating the underlying cause last.		MATEMESIS				U	NKNOWN
2	CERTIFICATION		NT CONDITIONS CO	DATRIBUTING TO DEATH BUT					9. WAS AUTOPSY THE PROPERTY NO
	CAL CERTH	200. ACCIDENT WAS UNDERLOOP CONTRIBUTING (IF EITHER, NOTIFY MEDICAL 200. TIME OF INJURY MON	OF DEATH EXAMINER)	ESCRIBE HOW INJURY OCCU	PLACE OF INJURY (Hor			(County)	(Stete)
	MEDIC	Hour e.m. p.m. 21. I certify that (1) (t)	*/	ork at work	fectory, street, office bloom, April 30	19. etc.)	May 3	1962	hat (f) (we) la
		saw the deceased alive	DAMEST -	19.62, and 1	hat death occured			nd on the da	ate stated abov
1		22c. PHYSICIAN'S NAME (Type) SEBA	STIAN RUS	so, M. D.	M.O. PHYS. [DIRECTOR	рнуѕ.	5/3/ YLAND	62
	l _	BURIAL, CREMATION 23b REMOVAL (Specify)	-	23c. NAME OF CEMETE		23d. LOC	timore,	or county)	(Stete)
OB C	24	FUNERAL DIRECTOR'S SIGNAT	t In	IO8 W.Mon		be WAY 7		STRAR'S SIGNAT	



	и	, [MARYLAND STATE DEPARTMENT OF HEALTH
٠ Ta :		No.	CERTIFICATE OF DEATH 100487
urs afte e funera		M)	1. PLACE OF DEATH BALLIMORE County 2. USUAL RESIDENCE (Where decessed lived, if Institutions Residence before edm ssion) BALLIMORE COUNTY Ballion MARYLAND MARYLAND
in 24 ho	after death	C3.	b. CITY OR TOWN (If outside corporete timits, write RURAL end give necrest town) write RURAL end give necrest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address) d. STREET ADDRESS, e. IS RESIDENCE
Ped Fille	hours		Mt. Wilson State Hospital Middle Last 4. DATE Morth Dey Year
executed	Fried 72		OF DECEASED Janet Unn Jack Don OF DEATH 5 3 1962 5. SEX - 16. COLOR OR RACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yee's IF UNDER 1 YEAR, IF UNDER 24 HRS.
cate be	ve carb		WIDOWED DIVORCED WIDOWED WIDOWED DIVORCED WIDOWED WIDOWED DIVORCED WIDOWED WID
h certifia I physici	se remo		done during most of working life, ever if retired) Lane rufe 13. FATHER'S NAME CHARLES 14. MOTHER'S MAIDEN NAME
he deat	al, and i		15. WAS DECEASED EVER IN US. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yos, no, or unknown) (If yes give were relates of service)
ian,	remov.		18. CAUSE OF DEATH [Enter only one couse per line forth be end [c] PART I, DEATH WAS CAUSED BY:
require g physic signed	arisir pe afion, o		592 X DUE TO
The law attending as been	al, crem		geve rise to immediate couse (e), stating the underlying couse lest.
CIAN: pital or if cate h	r to buri	0	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LEGYNNAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS ALTOPSY BERFORMED? BERFORMED? NO SELECTION OF THE SECURITY OF THE PERFORMED?
PHYSI the hos this cert	or use		20. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. [Enter nature of nitury in Port I or Port II of Item 18.] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING ined by	oeracher of Hea		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Part of the fectory, street, office bldg., etc.) While Not While et work et work to the fectory, street, office bldg., etc.)
ATTEI be reta CTOR	ie Dept		21. I certify that (I) (this hospital) attended the deceased from 3.7.6., 1964 to 5.3., 1962 that (I) (we) lass saw the deceased alive on
I OR 4 may L DIRI	e 3 sno the Sta		22e. SIGNATURE ATTENDING MED. STAFF SIGNET 22b. DATE SIGNET 22c. PHYSICIAN S 22d. ADDRESS
OSP D' P UNEHA	or, pag led with	1	22c. PHYSICIAN'S WIND NAME (Type) WIND NEW COMMET, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md 23e. BURIAL, CREMATION, 23b. PATE THEREOF 123c. NAME OF CEMETERY OF CREMATORY 123d. LOCATION (City, town or county) (Siete)
TO H death		2	BIMOVAL (Specify) BURITH 5/7/62 GARCENS OF FAITH BALTIMORE MEDISTRAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9;	60	X	LI Ruch Inc 5305 HARFORD Kd. DATE MAY 7 '62 arilum 8. Known



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	- Item 9 Film 6314 6/8/62 iwk - 05488 -
MEALTH DOD!	1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
Page Page les.	Baltimore Co MARYLAND Md. Baltimore
	b. CITY OR TOWN (If outside corporate 1 mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town
in the state of th	Baltimore
1 to 1 to 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS eS RESIDENCE ON A FARM?
E B B T	7844 Lockwood Rd. YES NO NO
Stal Stal	3. NAME OF Frst Middle Last 1.4 DATE Month Day Year OF
or the	(Type or print) MONROE JACKSON DEATH May 31 19 62.
A A A A	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
ma ma 2 v 2 v	M WIDOWED T DIVORCED 10/28/1902 5960 yrs. Months Days Hours Min.
2, 2, 2, and 2 ho	1Da USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY!
Pag Pag s 1 a	Chauff. Sun Cab Co Florida U.S.A.
Page age:	13. FATHER'S NAME
7 2 2 E E E E E E E E E E E E E E E E E	Unknown
THE SET OF	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown): (((fyasgivawarordatasofsarvica))
ted wern 18 with fearnite sernite any a	Yes 9/19-5/23 Pearl Glinowicki 2019 Spark Ct.
w die in	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
exe il in long long snsiin nd i	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON ENBYU! Under the cause of the
be dence de	Conditions, fary, which by A-5-C-V- Dlally &
ova ova ova	Conditions, fary, which 7 (b) A-J-C-V- L2 Us- R
sho rem	gave risa to immadiata causa (a), stating the undarlying DUE TO
cate notifine in dias	cause last.
"pe	PART IN OTHER SIGNIF, CAN'T COND. TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 16 19, WAS AUTOPSY
This ce word dical E uld be cremat	PART IN OTHER SIGNIF, CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. 19, WAS AUTOPSY PERFORMED? YES NO 12.
R: Thi he we Medici hould II, cre	206 EXTERNAL CAUSE WAS 206. DESCRIBE NOW INJURY OCCURED. (Enter polyre of injury in Part I or Part II of Itam 18.) PRIMARY OF CAUSE OF DEATH
展 下 参 い .型	
MINE rriting Chief Sge 3 o bur	20c, TIME OF INJURY Month Day, Year 20d HULLY OCCURRED, 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
K > 0 C +	Hour a.m. While Work fectory, streat, office bidg., alc.)
Cate, Cate, Do th.	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
A CHIEF	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
SECOND SE	CHIEF MEDICAL EXAMINER
MEDI forwar L DIR	ACTUAL SIGNATURE M.D. ASS STANT MEDICAL EXAMINER DATE SIGNED
CKecute the forward be forward be forward be forward be forward by the forward by	EXAMINER'S M B DEPUTY MEDICAL EXAMINER OF
	NAME (Type) //) - SAGVI) Address (Street, city, town, or county)
ease execute should be for the Funeral Funeral Fits designate	228 BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 40 9	Burial 6/4/1962 Holy Rosary Cemetery Baltimore Co. Md.
VS. A15ME	23 TUNERA DIRECTOR & SONS TO ADDRESS 248 REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	401 S. Chester St. DATE SUN 4 '62 Cirlling S. Thomas
41	



VS A15 (4) 15M 9/55

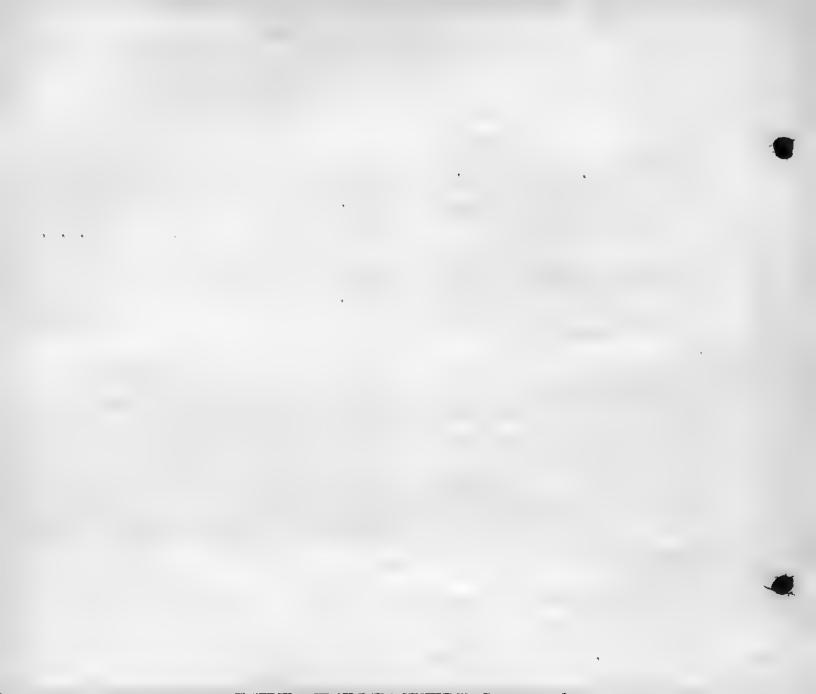
15495

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICA	TE OF	DEATH	
CERTIFICA			

Reg.	Dist.	No.	0	5	48	0
			- 20		-	

	1. 1	PLACE OF DEATH D. COUNTY	Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence to o. STATE Maryland b. COUNTY Bau							13 1 2 1	more
)	t	RURAL and give	(If outside corporate lim neorest town)	its, write	write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give a company of the company of t						est town)
			AME OF HOSPITAL (If not in hospital, give street oddress) [A STREET ADDRESS]							•	N A FARM?
		NAME OF DECEASED (Type or print)	Ivr. Pau	(1)	T _e Middle	John	tosi 10N	4. DATE OF DEATH	Month ///ay	7.7 Day	19 62
	5. 9	male male	white	7. MARR	RIED NEVER MARRIED	= 10	19, 18	881	AGE (In years IF UNI lost by thiday) Monil		Hours Min.
		during most of wo	rking life, even if relired	done 10b.	KIND OF BUSINESS OR		Baltimo	ore, Ill	aryland 12.	CITIZEN OF	WHAT COUNTRY?
1	7	homas	Johnson			Se	Lma H	inger			
		WAS DECEASED EV	ER IN U. S. ARMED FOI (II yes, give war or dates of		12015691	17. INFORMANT	Goerge	e Schr	oeder.		same
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ce	ne for (o). (b). and (c).]	nla	Hemo	nhye	Multipl	ONSE	RVAL BETWEEN ST AND DEATH
		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.								0+420	
	CERTIFICATION				ONTRIBUTING TO DEAT	BUT NOT RELAT	ED TO THE TERM	INAL DISEASE C	ONDITION GIVEN IN	PART 1(o) 19	WAS AUTOPSY PERFORMED? YES NO -
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	ar 20d. It While of wor	Not while	le. PLACE OF INJ foctory, street,	URY (Home, form office bldg., etc	m, 20f (City or	r town)	(County)	(Stote)
		21. I certify t	hat Lattended the	deceas		20, 19. eath accurred	61, ta_	5 /11 BM, from	19 <u>6</u> Zihai the causes and a	t I last sa n the dat	w the deceased e stated abave.
		ACTUAL SIGNATURE	with of	7 7	Leng	M.D. ,	1102	ADDRESS (Street	et, city or town, stole)	24	DATE SIGNED
		PHYSICIAN'S NAME (Type)	- 								
		BURIAL, CREMATI REMOVAL (Specif	1 5/14	62	MORE/	AN' d	nom.	1314	IN (City, town, or count LT 11110	Re	(Stote) Md.
1	23. 	eonard	y. Ruck	5305	Harpord 1	Koad #1	,	'D BY REGISTRA Y 1 5 '62	Custing 2		E



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Res conce e, COUNTY **b.** COUNTY Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (if outs de corporete limits, c. C.TY OR TOWN, If outside corporate him is, write RURAL and give nierest lown) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Owings Mills Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Box 195 Painters Mills Rd. Box 195 Painters Mills Rd. 3. NAME OF 4. DATE Middle Morth DECEASED OF DEATH (Type or print) Ella Jones May and cor 9. AGE (in yeers , IF UNDER 1 YEAR 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 24 HRS 8 DATE OF BIRTH lest birthdey) Months Devs Hours WIDOWED DIVORCED -Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME e attending pl Then please oval, and in a 14. MOTHER'S MAIDEN NAME Thomas Channer Cranmer 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we rordetes of service) Mr. Robert C. Jones -Box 195 Painters Mills 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b) and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg , etc) Not While Wh.le Hour a.m. et work et work 19(core that (I) (wa) last 21. I certify that (I) (this hospital) attended the deceased from ... and that death occured a 50 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATURE GNED ATTENDING STAFF PHYS. MD PHYSIC AN'S ADDRES! NAME (Type) 23d, LOCATION (City, town or count 23e. BURIAL, CREMATION. | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 區 REMOVAL (Specify) \$0 th 2 Pikesville. Maryland Ridge Cemetery Buria 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4). arthur S. Thrank 15M 9/60



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY N 16 write RURAL and give neerest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE Mt. Wilson State Hospital completely 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH and co IF UNDER 24 HRS 19 AGE (In yeers IF UNDER I YEAR Jan birthday) Months, Hours WIDOWED X DIVORCED remove any even physician TDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore gn country) 12, CITIZEN OF WHAT COUNTRY? done guring most of working life, even if retired eacher School 13 FATHER S NAME 14. MOTHER'S MA DEN NAME ₽ 15. WAS DECEASED EVER IN J.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I (If yes give war or dates of service) 135-12-7720Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (a)- (b), and (c).) INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? 20b. DESCR BE HOW NIJRY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) 20a, ACCIDENT WAS JNDERLYING . 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd NJJRY OCCURRED , 200. PLACE OF INJURY (Home, ferm, , 201. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) Not While fectory, street, office bldg , etc.) While Hour a.m. el work et work 196/ to 5 - 26 19.6 - That (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 6.3.20 196 2, and that death occured at 2 M, from the causes and on the date stated above. saw the deceased alive on. 3 22e. SIGNATURE SIGNED M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNE Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. CREMATORY (Slate) (Slate) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mr. Elkton, Md. 8058 Concept. สากรัล 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE





D. /1	1 PLACE OF DE	5499		TE OF DEATH	decessed lived, if institution: Residence before admission)
	a. COUNTY	timore	MARYLAND	a. STATE	b. COUNTY
deagh	b. CITY OR TO	WN (if outside consorete fimits.	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside a	orporate limits, write RURAL and give nearest town)
h /		Land give nearest fown)		Roanoke	f3 x 3
afe X			of in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
houl	3. NAME OF	nole Ave.	M.ddla	401 22nd St	
72	DECEASED (Type or print)			OF	- M
iffi	5. SEX	Zetta 6 COLOR OR RACE 7	D. Kidd MARRIED NEVER MARRIED	8. DATE OF BIRTH	May 7. 1962 19
± <u>.</u>	Female	7279 4 5	IDOWED DIVORCED	July 11.1891	last birthday) Months Days Hours Min.
вуел	10e. USUAL OCC	UPATION (Give kind of work	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State	or foreign country) 12. CITIZEN OF WHAT COUNTRY
<u>></u>		of working life, even if retired)	Own Home	Virginia	U.S.A.
.E/T	13. FATHER'S NAM			Unknown	
N T			2 1 14 COCIAI SECTIONALO I ST	INFORMANT daughter	Address
ova!,	(Yes, no, or unkow	n) (If yes give wer or dates of servi	ice) Mrg	James T. Moor	e,14 Seminole Ave.Cat.
Jemo	18. CAUSE	OF DEATH [Enter only one cau	use per line for (a), (b), and (c)]	,	INTERVAL RETWEEN
ò	PARTI	DEATH WAS CAUSED BY:	Broncho- Pro	eumona	ONSET AND DEATH
ton,	16	DUE TO	0 0 0 0 0	pulse.	2 155 40
rema		eny, which (b)	Seperated Milt	ann	One locall
<u></u>	(e), steting ()	he underlying DUE TO	Sevelous Met	come to Rf.	Jours Gnos
buri	z PART I. C	(c) 73-		NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION & VEN IN PART 1(8) 19. WAS AUTOPSY
5 0	PART I. C				PERFORMED?
0	208. ACCIDEN	TING TI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Part I or Pa	rt II of Item 18.)
å		OTIFY MEDICAL EXAMINER			
alth pri	A DA THIE OF	INJURY Month, Dey, Year		LACE OF INJURY (Home, form, 20f. (Gestory, street, office bldg., etc.)	City or town) (County) (State)
f Health pri	0 1				
ot. of Health pri	Hour a	s.m. 19	at work at work		74.0
Dept. of Health pri	Hour a	fy that (I) (this hospital)	attended the deceased from	NOV - 1901,	10 May 7, 196 > That (1) (we) le
State Dept. of Health pri	21. I certification saw the de	fy that (I) (this hospital) ceased alive on Mc4	attended the deceased from	n NOV 1901, at death occured at 430 M, fr	om the causes and on the date stated above
the State Dept. of Health pri	Hour a	fy that (I) (this hospital) ceased alive on Mc4	attended the deceased from 7	at death occured at #50 M, fr	om the causes and on the date stated above
rith the State Dept. of Health pri	21. I certification in the decrease of the dec	fy that (1) (this hospital) oceased alive on. May URE. UNE - Caroz Fo	attended the deceased from 7-19 G , and th	at death occured at #50 M, fr	STAFF SIGNE
ed with the State Dept. of Health pri	21. I certification in the saw the decay and the saw the decay and the saw the decay are saw the saw t	fy that (1) (this hospital) oceased alive on. May URE. UNE - Caroz Fo	attended the deceased from 7	at death occured at 450 M, from M.D. ATTENDING MED. DIRECTOR	om the causes and on the date stated above 22b. DATE STAFF STAFF
e filed with the State Dept. of Health pri	21. I certification in the decrease of the dec	fy that (1) (this hospital) coeased alive on May URE— Plags for AN'S Type) Wether MATION, 23b. DATE THEREO	attended the deceased from 7- 19 G and the deceased from 19 G and the decea	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS Y OR CREMATORY 23d. LC	om the causes and on the date stated above STAFF PHYS. BELLENGT (State) CATION (City, town or county) (State)
be filed with the State Dept. of Health pri	21. I certification of the saw the de 22a S. C. NATI 22c. PHYSICIA NAME (123a. BURIAL, CRE. REMOVAL (Special Principle) and the same of th	fy that (1) (this hospital) becased alive on May URE Language Fo AN'S Type) Wether MATION, 1235. DATE THEREO	attended the deceased from 7- 19 G and the deceased from 19 G and the decea	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS Y OR CREMATORY 23d. LC P1k	om the causes and on the date stated above 22b. DATE SIGNED PHYS. and St. Buffmer, 2. m.



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. P	PRESION STREET, BALTIMORE I, MARTLAND	
FOR STATE	MEDICAL EXAMINER'S CERTIF	FICATE OF DEATH 05497	1
HEALTH DEPT.	I. PLACE OF DEATH 2. USUAL R	RESIDENCE (Where deceased lived, If institution: Residence before admis	ss on)
₹8. €	a. COUNTY Baltimore MARYLAND		/
essary, r. Page files. Health,		Maryland R TOWN (If outside corporate limits, write RURAL and give nearest fown)	-
高さ24 	writa RURAL and give nearest town)	A	
d of reaction		ltimore 3 in t	
Lo Joan	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat addrass) d. STREET	T ADDRESS	
	Mt. Wilson State Hospital 153	23 North Bethel Street YES NO	· 🔽
fur fur sain	3. NAME OF First Middla Last DECEASED	4. DATE Month Day Year	: MPM: 3
the the ret	(Type or print) David King	DEATH	62
the banks	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRT	TH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 I	HRS.
dead 3 dead	The state of the s		Ain.
5 2 2 g	Male Negro WIDOWED DIVORCED 3/15/10	0 52 yrs.	IN ITEN VE
# C a # C	10a USUAL OCCUPATION (G.va kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	LACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY	NUKE
es les l	Laborer Nort	th Caroline U.S.A.	
Page (1)	13. FATHER'S NAME	'S MAIDEN NAME	
24 PA PA PA	William King Ma	ertha King	
塩の 東定 層	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	Address Address	-
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	(Yas, no, or unkown) (Ifyasgivewarordatesofservica)	a D	
ted with	No 217-05-3167 Hospital	1 Records, Mt. Wilson State Hosp	D =
in the second	PART I. DEATH WAS CAUSED BY Pulmonary Hemorrhage, 8	ANCET AND DEAT	ŢΗ
ex alou alou ran and	MMEDIATE CAUSE (a)	surgical 25 minut	es
Den Ce	002. / DUE TO		
out Car	Conditions, if any, which) (b) Uncontrolled hemorrhage	ge during surgery	
5 0 0 0 E	gave rise to immediate cause [a), stating the underlying DUE TO	94 THE THE OWN BOOK	
inellinellinel	causa last. (c) Pulmonary Tuberculosis	R	
t fire	THE RESIDENCE OF THE PARTY OF T	THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORME YES T NO	
his wo			M-1
Aed Aed hou	PRIMARY OF CONTRIBUTING	, , , , , , , , , , , , , , , , , , , ,	
S S S Uria		ing surgical procedure (State of the form)	
Chit	20c. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY I factory, street, office at work at work at work	(Floring form, 201. (City or town) (County) (States bldg., etc.) (ra)
Par Par	p.m. 19 at work at work	3.	
D Cafe O D T	21. I certify that I took charge of the remains described above, held an Autops	osy 🔝, Inspection 🔼 Inquiry 🔼 and in my opini	ion
発電音製造	death resulted from: Natural causes , Accident X, Suicide , He	Homicide . Undetermined manner	
		F MEDICAL EXAMINER	
MED the the forward forward asped as	m en 9	STANT MEDICAL EXAMINER TO DATE SIGNED	D
RAI 2	SIGNATURE MD.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
25 5 ~	A STANDARD REPORT OF THE PROPERTY OF THE PROPE		
DEPU ease ex- should I FUNEI	NAME (Type) D.D. Caples, M.D. Addres 229. BURIAL CREMATION 226. DATE THEREO 1 220. NAME OF CEMETERY OR CREMATORY	rass (Straat, city, town, or county) Reisterstown, Md.	
DEP shoul FUN its d	Z28. BURIAL, CREMATION, 226. DATE THEREOV Z26 NAME OF CEMETERS OR CREMATORY	A CATION (CITY, TOWN, OF COUNTY)	
5 g 4 5 g	voulle 5/25/62 mer vallery	1 sectivegi mi	
	23. EUNERAL DIRECTOR ADDRESS REAL TO S	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
VS, A15ME 5M 9/60	Thomas What Mora Brankley	DATE MAY 25 '62 Chillian S. Hans	
Witt 1,00			



CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institutions Residence before admissi b. COUNTY 12 th MARYLAND by th c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) rita RURAL and give pearest town filled in Pages OF HOSPITAL OR INSTITUTION (if not in hosp,tal, g ve street address) e. IS RESIDENCE ON A FARM? YES NO completely NAME OF Year Midd a Day Month DECEASED OF (Type of brint) DEATH and cor 5. SEX 6. COLOR OR RACE AGE (In years HE UNDER 1 YEAR IF LINDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if raticad) FATHER'S NAME please he attending t d INFORMANT EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.L N. (Yas, nonos/unkown) (If yes giva war or dates of sarvica) 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CATION PERFORMED? 8 0 No 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (Stata) factory, straet, office bldg., etc.) Hour a.m. While Not Whita at work at work D.m. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 1 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNER filed , LOCATION (City, Igwn or county) (Stata) 23e; BURIAL, CREMATION, | 23b. NAME, OF CEMETERY OR CREMATORY REMOVAL (Spacify) OH 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Children & thous

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ō 40 yrs Board d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Brightside Avenue Brightside Avenue 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED [3] DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages 1, pages 1 within Machinist Airreduction Sales Harford Co Maryland PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Heinreich Lettow Katherine Weil 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive were relates of service) Mrs Charolette Mc Cann 11 Geranium Place 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Cardiac tamponade IMMEDIATE CAUSE (a) DUE TO Conditions, 'F eny, which Ruptured myocardial infarct gava rise lo immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 61 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN. URY OCCURED. (Enter nature of in any in Pert 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJRY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) [Stata] (County) factory, streat, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection Inquiry and in my opinion death resulted from: / Natural causes Homicide Undetermined manner CHIEF MED CAL EXAMINER designafed ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER | NAME (Type) Breitenecker, M.D. Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ঠ <u>5</u>40 Baltimore Oaklawn Cemetery-246. REC'D BY REGISTRAR | 245, REGISTRAR'S SIGNATURE Y5. A15ME 5M 9/60





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY ${ t Baltimore}$ Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM 430 Woodbine Ave 430 Woodbine Ave YES NO TO 3. NAME OF First M ddla DECEASED ALFRED SAMUEL LOTZEAUX DEATH May (Type or print) 19 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. (ast birthday) Feb. 12, 1877 Months Male White WIDOWED 1 DIVORCED [that the death certificate physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Gas & Elect.Co. USA Electrical Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ξ ding Anna M. Roberts Timothy O. Loizeaux 협 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no or unkown) (If yes give war or deles of sarvica) A. Milton Loizeaux-430 Woodbine Ave,4 -05-6581 18. CAUSE OF DEATH (Enter only one causa p INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gava rise to immediate cause DUE TO (a), steting the undarlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING ! 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form.) 20t. (City or lown) (County) (State) factory, straat, offica bldg., etc.) Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from... 90 and the saw the deceased alive on eath occured atM, from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Laurence C. 6805 York Road. Baltimere 12. Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stale) Druid Ridge Baltimore, Maryland 0.5 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] Wm Cook-Towson, Inc. York Rd. Towson 4, Md. DATE 15M 9/60



	1		MARYLAND STATE DEPARTMENT OF HEALTH
	- W		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1544)
after	should	•	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed hived, if institution: Residence before admiss.or
hour	ath.	×	a. COUNTY Baltimore MARYLAND b. CITY OR TOWN If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
thin 24		1)	write RURAL and give nearest town? ACDUTUS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give breat address) d. STREET ADDRESS e. 15 RESIDENC ON A FARM
D ein	apers. P		3. NAME OF DECEASED (Type of print) I a to the total of t
De BXBC	rbon paper: within 72 h		(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in wears If UNDER I YEAR, IF UNDER 24 HRS lest birthday) Months Days Hours Min.
ificate	physician ar e remove ca n any event,		10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1) ERTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTR done during most of working (ife, even if retired)
ath cor	ding phy:		Solesman Vegetable Morris Malden Name 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME
the de	Then pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / SChwab (Yes. no. or unknown) (Hyesgivawarordatasofserv.ca) John Mack 1121 Maiden Choice Rd
ires tha	J by the permit. or remo		18 CAUSE OF DEATH [Enter only one cause per line for (a., (b), and (c)] PART I, DEATH WAS CAUSED BY:
Phy	nsit j		450.0 Due to Old age
law ding	d-tra		Conditions, if any, which \ (b) Cystitis About 6 weeks _
r aften	has be re buria urial, cr		gava rise to immediata causa (a), stating the undarlying causa last. (c) Causa last.
SICIAN Spital o	rtificate ise as th or to bi	0	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO OF CONTRIBUT WAS UNDERLYING TO CAUSE OF DEATH OF CONTRIBUT WAS UNDERLYING CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUT WAS UNDERLYING CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUT WAS UNDERLYING TO CAUSE OF DEATH
PHY:	rthis ce ed for u		
ained b	R: Afte detach		20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Whila Not Whita factory, streat, office bldg, atc.) p.m. 19 at work at work
ATTE be rel	Or Pla		21. 1 certify that (I) (this hospital) attended the deceased from April 26, 1962, to May 6,
L OR	L DIRE e 3 shou the Stai		ATTENDING MED. STAFF PHYS. May 7, 1962
SC	JNERA or, page	1	1220. PHYSICANS NAME (TYPR) ERNEST G. Marr 516 Cathedral St. Baltimore, Md.
TO HC death.	D direct		230. BURIAL, CREMATION, 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town of county) (State) REMOVAL (Spacify) 5/8/62 Hoddon Park Cometary Boltimore Marylance
	A15 (4) M 7 61	M	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 256. REGISTRAR'S SIGNATURE DATE MAY 8 '62 CITCHIA & Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institutions Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 FLTO, 12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely NAME OF Middle Month Year DECEASED OF (Type or print) DEATH SEX 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME ARMED FORCES? [Yes, no, ocuselown) | (If yes give we cor dates of service) 18. CAUSE OF DEATH [Enter only one gause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 206 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part (or Pert II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. saw the deceased alive DATE ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS ector, 236. BURIAL, CREMATION, OF or county) (Stete) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 7/61 DATE

certificate



1/		MARYLAND STATE DIPARTMENT OF HEALTH
A 1/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
a P		0550? CERTIFICATE OF DEATH
funeral should	A	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY
by the 1 and 2 s death	M	Baltimore MARYLAND b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)
hin 24 led in B ages 1	X	d. NAME OF HOSHITATION (if not in hospita, give street eddress) Cockeysville d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
letely file pers. P		Harford Road 3. Name of Deceased First Middle Lest 4. Date Month Day Year
executed complete on papers thin 72 h	475	(Type or print) / nomes Floyd Massey DEATH May 19 1962
e be e and co carbor	_	5. SEX 6. COLOR OR RACE 7. MARR ED NEVER MARRIED B DATE OF B.RTH WIDOWED DIVORCED NOV. 12, 1896 Syrs. 9. AGE (In years If UNDER 14 ARS. If UNDER 24 ARS. If UNDER 25 ARS. I
ficat cian ove ever		1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR NDUSTRY 11 BIRTHPLACE County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
certi physi a rem		Long Shoreman Dock Work North Carolina U.S.A.
ng p ease		Thomas Massey Ida (unknown)
the de attendi hen pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) [liyesgivewer detesofservice) Cockeysville, M
the the Tr. T		(Yes, no, or unkown) (Ifyesgivewer detesofservice) YES WW I 219-01-4155 Ida May Goldberg, Beaver Dam Road, 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).
iciar iciar by ermi		PART I. DEATH WAS CAUSED BY:
phys phys gned sit p on,		177 X DUE TO
aw ling in sign		Conditions, II any, which (b)
The Items the best urial		gave risa to immediate cause (a), steting the underlying DUE TO
N: 7 or at he b		cause lest, (c)
ital cate	Λ	PART II. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
SIC nosp ertif use	0	YES NO DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part or Part
PHY the land his of for th p		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NG by fler t Heal		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Dc. PLACE OF INJURY (Home, farm, Power a.m., While Not While Factory, street, office bldg., etc.) factory, street, office bldg., etc.)
ADIII ined ined deta		Hour a.m., While Not While factory, street, office bidg., etc.] P.m. 19 et work et work
Sept and Sep		21. I certify that (I) (this hospital) attended the deceased from Apxil., 196 - 10 196 - 10 19.6., that (I) (we) last
EC:		saw the deceased alive on
OH DIN She St		226. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 35 AFF SIGNED 1 - 19 - 6 - 19 - 6 - 19 - 6 - 19 - 19 -
A H of		22c. PHYSICIAN'S /.// ADDRESS
JINE JINE JOS, Pe		NAME (Type) William H. Lyson Mingsville Md.
大部門の信	^	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, Jown or county) (State)
0.00 Page 10.00 Page 1	LK.	BURIAL 5-23-62 Baltimore National Baltimore
VR A15 (4) 15M 9/60	1,1	Wm. Cook-Towson, Inc. 1050 York Road, Towson Date May 2 2 162
ושון אונו	7	Wm. Cook-Towson, Inc. 1050 York Road, Towson DATEMAY 2 2'62 Cultur S. House



RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town? Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Sharp Stre DECEASED (Type or print) May 16 AGE In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED [DIVORCED Negro January Hos. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Rubber Mfg. Company Baltimore Maryland Laborer 13. FATHER'S NAME Thomas McClain Dora Waters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 215-30-4073 Clinical Records, VA Hospital, Fort Howard, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DIABETIC ACIDOSIS UNKNOWN IMMEDIATE CAUSE (a) DUE TO DIABETIC MELLITUS Conditions, if any, which UNKNOWN gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 3 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d, HIJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) factory, street, office bldg , etc.) Hour a.m. While Not While at work et work 21. | certify that M (this hospital) attended the deceased from. May 15....... 19.62 to ... May 16...., 19.62 that (1) (we) last 22b. DATE 22a SIGNATURE S GNED DIRECTOR PHYS. K PHYS. 22c. PHYSICIAN'S 22d. ADDRESS VAH Fort Howard, Maryland 23a. BURIAL, CREMATION, | 236 1 23c. NAME OF CEMETERY OR CREMATORY -23d. LOCATION (City, town or county) REMOVAL (Specify) 0:53 lumbre Mas Cem 24 FUNERAL DIRECTOR'S SIGNATU 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 1000 VR A1S (4) ISM 7/61



1		MARYLAND STATE DEPARTMENT OF HEALTH
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 5 2		BALLIMORE CERTIFICATE OF BEATH
T TE	(L)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) 3. COUNTY 6. COUNTY 6. COUNTY 7.
4 4 4 E	1	b. CITY OR TOWN (if outside corporate limits, and LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
dead of	4	write RUR/I and give pegrest town)
ed in		d. NAME OF HOSEMAN OR INSTITUTION (if not in hospital, give sfreet address) d. STREET ADDRESS o. IS RESIDENCE
Page Surs		Ella J. ma CONIVEII 5 VES NO [
completely on papers.		3. NAME OF DECEASED First Middle M. Clast M. DATE Month Day Year
ed i		(Type or print) Ella! J. Mc Conville DEATH 5 - 17-1962
N Podiv		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
an ar e ca		WIDOWED DIVORCED VIS. 10a. USUAL OCCUPATION (Give kind of west 10b. KIND OF BUSINESS OR INDUSTRY 11. PRIMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY!
/sicia		dong forms most of working the granific reliad)
phy sere		13. FATHER NAME
ding pleas	/T	James & TARRELL CUTHERINE MEERAN
affen hen 'al, a	L	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unknown) (Ifyes the war or dates of service)
Fe The		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEEN
by ermi		PART I. JEATH WAS CAUSED BY: TERMINIAN PINECIAMONIA
phys gned sit p		45.00
ing in si trar		Conditions, if any which (b) GENERAZIZED ARTERIOSCLEROSS
trial tre		gave rise to immediate cause [III], stating the underlying DUE TO
or a or a he b he b	$-\hat{\theta}$	cause last. (c) Z PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
ital icate as t		PERFORMED? YES NO 1
hosp cert I use		20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)
the Paris		OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Fred F		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Nour e.m. While Not While factory, streat, office bldg., atc.)
R: A deta		Hour a.m. p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from
REC PREC Prough		22b. DATE
F G S	,	Samuel. Scalla M.D. ATTENDING MED. STAFF PHYS. D 5-/7 SIGNER
RAI Page	- 1	22c ZPHYSICIAN'S NAME (Type)
NO.		11/12577626 0,777
direct Track		PREMOVAL (Specify)
요한 말한 # VR A15 (4)		24 FEMFERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60		Towners I Mengel Pulas 8 200 pare MAY 21 '62 Orthur & Thurs



****** L	/ ~	V.	/ DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
4.00 P	M	16	05510 CERTIFICATE OF DEATH	05504
affe ner		汇	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution	on: Residence below edmission
rrs Sp. Sp.			O. COUNTY BALTIMORE MARYLAND O. STATE MD. B. COUNTY A	y \$1
Por the		-	b. CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. C TY OR TOWN (if outside corporate limits, write RURA	e end give neerest town,
24 rd clar	,		CATONSVILLE LIFE X CATONSVILLE	
od ji	X	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) (d. STREET ADDRESS	e. IS RESIDENCE
E G P	()		106 MELVIN AVE 106 MELVIN AVE	ON A FARM
ers.		3.	NAME OF First Middle Last 4 DATE Month	Dev Yeer
acut pap			(Type or print) PUI DU / MENUEDICE CD DEATH MAN	18 1067
ex confi		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNI	DER I YEAR IF UNDER 24 HRS.
arba w			P. MORRILO DE METER MORRILO	hs Deys Hours Min.
an and		10	DB. USUAL OCCUPATION (Give bind of work 130h KIND OF BUSINESS OF INDISTREY (1) P. DTURA OF G. 110 C. C. 11	CITIZEN OF WHAT COUNTRY
sicii		de	one-during most of working life, even if retired	
ce phy ere		13.	SAS FITTER, LAS & ELECTRICO, MD.	U.S.A.
ing ing leas	1		VERWALL I MENNERICH MARRIET P. MIR.	704/
	1)	亿 5.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	DON
the The			(es, no, or unknwn) (lifyesgive werordates of service) 217 A2 2373 MRS ALICE MENNERICA;	
that h. the		-	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I ENTERVAL BETWEEN
res icia by erm			PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION	ONSET AND DEATH
hys ned it p	•		IMMEDIATE CAUSE (e)	i i viji v
A To Page 19 P			# do, DUE TO	
hair een een ial-tr			Conditions, if eny, which geve rise to immediate cause (b)	
The affect buri			(e), steting the underlying DUE TO	
Se his	a a	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	DART IL. ID WAS A ITORSY
ital ital icat as		TION	CEREBRAL HEMORRHAGE 7485. AGO	PERFORMED?
SI(Sional Signature)		FICA		AEZ NO
he he for		CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part or Pert , of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
or the self		1 .		(County) (Siete)
After A		MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)	(CORULA) (SIELE)
ENT Fain		₹		f 100
E O A O			21. I certify that (I) (this hospital) attended the deceased from 1-3 1955 to 7-18,	
X P P			saw the deceased alive on	
O E C P			22a S. CHATURE ATTENDING MED. STAFF	22b. DATE SIGNE
AL AL			M.D. PHYS. DIRECTOR PHYS.	2/19/62
A Bay			(SMARE (TYPO) JOHN F. SCHAEFER . 401 RANDOM F	37.
So Tip		22	B. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or or	ounty) (State)
Square Control of the	2	230	REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	> (2)e.e)
HH	*	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRA	P'S SIGNATURE
VR A15 (4) 15M 7:61	N.	14	/ /	un S. Miana
12	,	10	VITZKE, SIOI EDMONDSON AUE, DATE BATE 102	- Mi Commen



MARYLAND STATE DEPARTMENT OF HEALTH

O 5 5 1 1 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05505

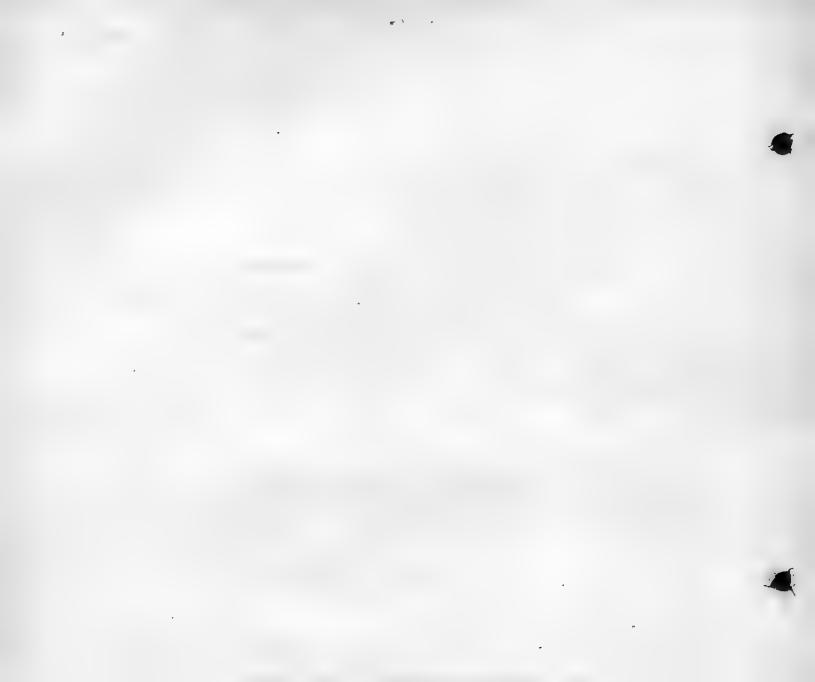
1. PLACE OF DEATH o. COUNTY	Dall di inne	MARYLAN	- 11	USUAL RESIDENCE (Wh		d lived If instituti b. COUNTY	on: Residen	ice before ad	mission)
b CITY OR TOWN (I RURAL and give no	Baltimone If autside carporate limits, wi earest town)	ite c. LENGTH OF STAY IN	16	E CITY OR TOWN (IF o	utside corpo	rate limits, write R	URAL and	give nearest t	own)
d NAME OF HOSPIT OR INSTITUTION	Catonsvills [AL (If not in hospital, give s	treet address)		d STREET ADDRESS		hmore Ave			RESIDENCE N A FARM?
	House in Ti	ne Pines		3207 W.	Jun	ranoice HV	Little	YES	□ NO □
3 NAME OF DECEASED (Type or print)	FANNIF	Middle	N	ERIN/	4. DATE OF DEATH	Mau Mau	th	Day 13	Yeor
S. SEX	1	MARRIED NEVER MARRIED [7 B. D	ATE OF BIRTH		9. AGE (In years		1 YEAR IF U	
Fomale	White WI	OWED DIVORCED	5	1879		last birthday) 83 yrs.	Months	Days Hou	ers Min.
10a USJAL OCCUPATIO	ON (Give kind of work done	10b. KIND OF BUSINESS OR IN	OUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12 CIT	IZEN OF WHA	AT COUNTRY?
Housewi	king life, even if relired)	At Home		Russia			-	USA	
13. FATHER'S NAME			1.	. MOTHER'S MAIDEN N	IAME			31.501.3	
Unkn	าดทพ			Unkno	NUM.				
15. WAS DECEASED EVE		16. SOCIAL SECURITY NO. 1	7 INFOR	-11,11,42,43		Add	ress		
No	(i. yes, geta nel se outes et terrice)	No	Mrs.	Florence W	lolke-	7425 Rich	zswau	Road	
	ATH [Enter only one cause ;	per line for (a), (b), and (c).]						INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Vereti Corresso	m	Thrombos	Duo			ONSE! A	ND DEATH
4201	DUE TO		. /						
Canditions, if a	ny, which)	merelesed	dr	torisacles	20010			10	*E> '
gave rise to it	mmediate (DUE TO		000		4			-/-	/-'
lying cause last,	(c)								
Z PART II. OTH		ONS CONTRIBUTING TO DEATH	BUT NO	FRELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	/EN IN PAR	RT 1(a) 19. W	AS AUTOPSY
PART II. OTH								YES	REFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCU	JRRED (E	nter noture of injury in I	Part I or Par	t II of item 1B)			
	Y Month, Day, Year 2	od INJURY OCCURRED 20e		OF INJURY (Home, farm		r or town)	ſ	County)	(State)
ZOc. TIME OF INJUR		/hile Not while	factory	, street, office bldg., etc.	-)				
				4-30.19	1.12.	9- 1	3 10/	5000	1) - 1
saw the deceas		tended the deceased from 13_1962 and the			24	the causes ar			
22a. SIGNATURE	o K. Fall	maly	M.D	ATTENDING ME	ED.	STAFF PHYS.		5~).	22b DATE S.GNED
22c PHYSICIAN'S NAME (Type)	Wilmer K.	Gallager		22d. ADDRESS 6209 Frz	Aeric.	& Rdy A	3011	1,28,1	Md.
23a. BUR AL, CREMATIO		23c, NAME OF CEMETER	RY OR CE	EMATORY	23d LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	May 14/62	Beth Jacob			F	inks burg.	Mar	yland	
24 FUNERA, DIRECTOR	'S SIGNATURE	. ADDRESS	Poge	2Sa REC'	D BY REGIST	 (STRAR'S SI		
Levenson &	Bros, Inc 601	U KELSLEMSLOWN	Nou	DATE 1	MY 1 F	'62 (Lillian .	8. France	

TO HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the death. Page 4 may be the complete by the haspital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, ar removal, and in any event-within 72 haurs after death.

1 %

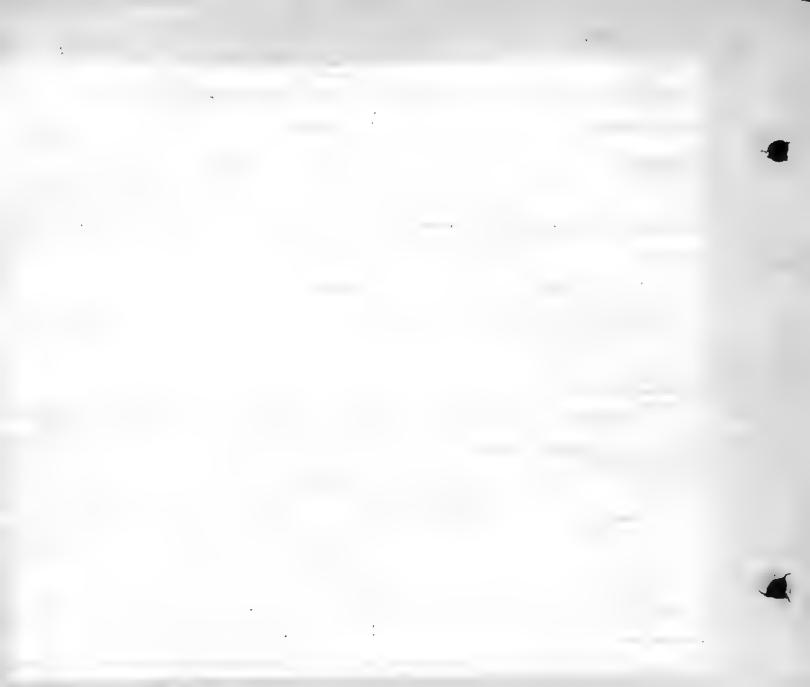
VR A1S (4) 1SM 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N 95512 CERTIFICATE OF DEATH	IARYLAND 05506
by the funer and 2-shout r death	1. PLACE OF DEATH e. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) 2. USUAL RESIDENCE (Where deceased fived, if Institution: Re a. STATE Baltimore c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	
and completely filled in carbon papers. Pages 7, within 72 hours after	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months Di	o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{Day} \) Day Year 25 19 62 FAR IF UNDER 24 HRS. Hours Min.
he aftending physician Then please remove movel, and in any even	10a. USJAL OCCUPATION (Give kind of work gone during most of work ng life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country)	en of what country USA erty PKWT
N: the law requires or at and in a physician or at and in a physician in the burial-transit permital, cremation, or re	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] DUE TO Conditions, if a my, which gave rise to immediate cause [e], stating the underlying cause last. (c)	INTAYAL BETWEEN ONE AND DEATH
ind by the hospital ind by the hospital i. After this certical detached for use as detached for use as the second in the prior to the second in the second i	PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20a. ACC.DENT WAS UNDERLYING 20b. DESCRIBE HOWNINJURY OCCURED (Enter nature of injury in Part II or Part II of item 18.) 20c. CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOWNINJURY OCCURED (Enter nature of injury in Part II or Par	YES NO
A May be relained to the State Discount of the State Dept.	21. I certify that (I) (this paspital) attended the deceased from the saw the deceased alive on the saw the deceased alive on the saw the deceased alive on the saw that death occured the saw that t	, that (I) (wa) last deta stated above 22b. DATE SIGNER
off of the policy of the polic	23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 5-28-62 Oaklawn Cemetery Address Address Baltimore Maryl 25b. REGISTRAR'S SI WM Q Juckness Suparture Baltimore Maryl 25b. REGISTRAR'S SI DATE MAY 2 9 '62 Oaklawn Specify Date MAY 2 9 '62 Oaklawn Specify Date MAY 2 9 '62 Oaklawn Specify Date MAY 2 9 '62	and — — — GNAYURE



1				MARY	LAND STATE D	EPARTMENT OF HEAL		
,	-		DIVISION OF STATI	STICAL RESEA		S, 301 W. PRESTON STREE F OF DEATH	T, BALTIMOR	A
Fai in	M		20010	Ite	n 15, Film G	E OF DEATH -314 6/1/62 cac		05507
the fundant			NAME OF DECEASED YOU OF Print) MERRY	MAN, ST	EPHEN	ω .	2 DATE OF DEATH	162
t ho and	deat	3.	PLACE OF DEATH IN BANTI	MORE, MARYLA	ND T	4. USUAL RESIDENCE Where deceon	ed ved finst uton	re, tence before admission)
Jin 2	- A		FULL NAME OF HE NOT IN HOSEITAL OR ADDRESS OF LOCATIO	CH INSTITUTION CAVE SYMP	Enterta in ly	MD.	L'acc.	
ithi Beg	ž X		INSTITUTION 28-24	Libery	wed.			RAL a d give township)
i si di	<u>5</u>		00 -0	1 00 in	110	RANDALL ST	0WN	ve location)
xecut pap	ב ב	_	Fane	tallsto	on, Md-	18824 LIBER		
and co	nî, with	5.	M 6. COLOR OR RAI		MARRIED, DIVORCED (Specify)	DATE OF BIRTH	t birthday)	Junder 1 Yr. H Under 24 Hrs.
ficat cian ove	e><0		A. USUAL OCCUPATION (Give kind ne during most of working life leven if		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto a ar foreign cou	nfry]	12. CITIZEN OF WHAT COUNTRY?
certi	any		NINE	-	•	MD.		V. S.
death iding p	9 -	13.	FATHER'S NAME Marvi	n Merryma	n, Jr.	14 MOTHER'S MAIDEN NAME		1
the de attendi	T	_	KANNY MA	FIET MA	<u>/y</u>	ELIZ, LAM	BUPNE	LAMBORN
th the state of th			Was Deceased Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17 INFORMANT	4.4	ADDRESS
an.	5	-	No		NONE	ELIZABETH L.	MERRYM	IAN SAME
quire lysici ed b ed b	ج م		18. DISEASE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		NTERVAL BETWEEN ONSET AND DEATH
y reg	at to		LEADING TO DEAT	Н	۸. ا	HODGKIN'S DIS	EASE	5 YRS
The law stending s been burial-tr	.l. ≡em	1	(This does not mean the made of heart fa lure, asthenia etc. It mea injury or complication which co	ns the disease, 🦪	OIX DUE TO	Di		
Ke ha	Puri		ANTECEDENT CAUS	ES	OUE TO	***************************************		
rSICIA nospital ertificat use as	riar to	NOI	DISEASES OR CONDITIONS, in the above cause (A) UNDERLYING CONDITION last	stating the	C)		p	
PHT the the his of	₹ •	, ∑	II					
高支着を	Fea	E	OTHER SIGNIFICANT CONDITIONS	RELATED TO THE				
NDI dela	Ö	CERTI	IF OPERATION WAS RELATED TO	IT.	PENATION LINE	CONDITION FOR WHICH OPERATIO	N	20. AUTOPSY?
Tetal TOR 50 sd	Dep	¥	CAUSE OF DEATH, ENTER IN		W	AS PERFORMED		YES NO D
P S S S S S S S S S S S S S S S S S S S	9 60	Ø	SIN - YCCIUCHILIAN (1) HUURANO				158	
O SE CHASE	ē.		and that is Poly	1942 th	ot (1) (we) lost sow the	e deceased a ive on	5/96	19
ERAL Page	岩		and that in (my) (our) apinio	death accurred	ot. 0 / 14 1 m, 1	rom the causes and an the date	stated above.	
SEE P	₹ 10		Dand	Autwa	MD	DDRESS -	protect 2	C. DATE SIGNED
death. O FUIV		24/	ATTENDING PHYS MED DIRE	E-1 - E-1 - I-1	ME of CEMETERY or CREMA	TORY 24D. LOCATIO		2 11.
iii H			CJ W/3///	-62 /	FRIENDS BU		ALTC, M	wn, or county) (State)
VR A15 (25/	DATE REC'D BY HEALTH DEPT.	25B NAME OF		25C FUNERAL DIRECTOR		ADDRESS
		1	KAMERIA B A. A.C.			JCHNC. MITCHE	LY SONS,4	INC. 1900



1	A S	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05518
filled in by the funera Pages 1 and 2 should us after death	M	1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) 2. USURL RESIDENCE (Where decaesad livad, if institution; Residence before admission) e. STATE Laruland Laruland
ath certificate be executing physician and completely fase remove carbon papers. In any axent, within 72 hour		2525 entworth Road 3. NAME OF DECARSED (Typa or print) (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH emale white widowed Divorced 100 K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) 10. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME
IAN: The law requires that the de lat or attending physician, sate has been signed by the attend to the burial-transit permit. Then plus the burial-transit or removel, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17 INFORMANT (Yes, no, or unknown) (Hyss givaward dates of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), steining the underlying DUE TO (a), steining the underlying DUE TO Cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
AL OR AL NOING PHYSICI ye 4 may be retained by the hospita ERAL DIRECTOR: After this certific page 3 should be detached for use a with the State Debt, of Health prior to		YES NO
AL VIS (4)		230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country) REMOVAL (Specify) Survey Moreland Mem Park 23d. LOCATION (City, town or country) Burland 24 FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck Inc. 5305 Hargard Rd. DATE MAY 9 '62 Citilum S. Kunna

--



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside carparete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m'ts, write RURAs, and give nearest town) write, RURAL and give nearest town) Reisterstown several Mo's ${ t Baltimore}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Bent Nursing Home 1813 N. Caroline Street YES NO completely 3. NAME OF M.ddia Month DECEASED OF DEATH May 25, (Type or print) Thomas Russell Mickens (Michie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR IF JNDER 24 HRS. 5. SEX last birthday) Months Male January 13. Negro WIDOWED DIVORCED physician 10s. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired None Charlottesville. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ple and Thomas Mickens Unknown 16. SOCIAL SECURITY NO 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) | (If yes give war or dates of service): Mr. William L. Waller 1813 N. Caroline St. J No 3-09-0263 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O Moura IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which gava risa to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 1 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work et work CTOR 21. | certify that (1) (this hespital) attended the deceased from these. and that death occured and M, from the causes and on the date stated above. ATTENDING X SIGNATURE MED. DIRECTOR PHYS. M.D. 22d. ABDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, fown or county) 23+. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore. Maryland 0 Burial 29, 1962 24 FUNERAL DIRECTOR'S SIGNATURE -Mt-Calvery Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 [4] Wm. A. Jackson Inc. Morton & Dyett 916 Ponna. Avas 15M 9/60 Carthur & Krown

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

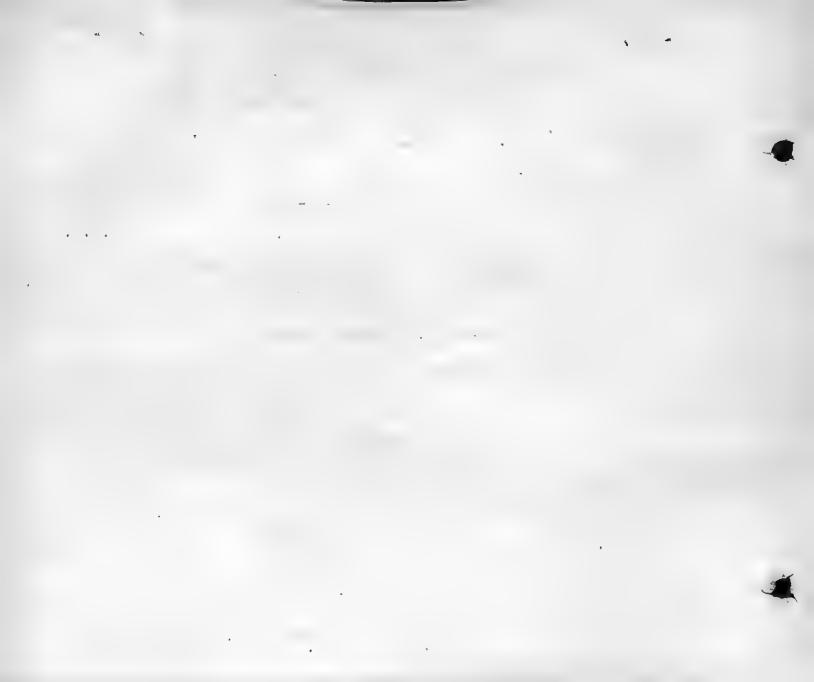
ofter death. Page

requires that the death certificate be executed within 24

gned

DIRECT gined

T5M 9/IIB



TO HOSP A may be retained by the hospital or attending physician. death, R. 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral indirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should is but the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION DE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 15517 CERTIFICATE OF DEATH

1.	PLACE OF DEATH		deceesed lived, if institution, Residence before edmission)
	BALTO MARYLAND	a. STATE	b. COUNTY 3-A-L-T-O.
	b. CITY OR TOWN (If outside corporate lim ts, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside of	corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) CATONSVILLE	BALTI	MORE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	SUMMIT NURSINGHOME	ESPLANADO	= APT. HOUSE YES NO DE
3.	NAME OF first Middle DECEASED	Last 4, DAT	E Month Dey Yeer
	(Type or print) MARGARET	MILLER DEA	TH MAY 24 1968
5.	SEX 6. COLOR OF RACE, 7. MARRIED NEVER MARRIED B	, DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	APRIL 14, MOY	last birthdey) Months Deys Hours Min.
10.	a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRING during most of working tife, even 'f getired')	Y 11 BRTHPLACE (County & State.	or foreign country) 12, CITIZEN OF WHAT COUNTRY)
	Receptionish Doctors Office	PENA	,
13	FATHER'S MAME &	14. MOTHER'S MAIDEN NAME	
	Heorge Miller	Emmi	0
	WAS DECEASED EVER IN U.S. AMED FORCES? 16. SOC.AL SECURITY NO. 17. 1	INFORMANT	Address 0
"	m.	to Mann - K	hr - Hork Jenen.
	18. CAUSE OF DEATH (Enter only one cause per I ne for (e), (b), and (cV)	1. + 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hehr: Plagi	2 18+ J CC	かりたし
	4 DUE TO	liday & train	
	Conditions, fany, which \ (b) (or one 9 +	triory Disea.	S 2.
	geva rise to immediate cause	/	
	tal, sleating the underlying		
z	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	SE CONDIT ON GIVEN IN PART I(e) 19, WAS AUTOPSY
음	Pastebisode of Cardice	- Standstill	PERFORMED?
Į į	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED		
ERT	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER,	, trues service of salary in cert con the	1. (1 M 11411 12.)
۲		CE OF INJURY (Home, farm, 1 2Df.	City or town) / (County) (State)
PIC	Hour a.m. While Not While fac	tory, streat, office bldg., elc.)	
1 3	p.m. 19 et work et work	Abril 61	5/24/62
	21. I certify that (i) (this hospital) attended the deceased from.	11 4 0	to, 19, that (I) (we) last
	saw the deceased alive on	death occured 1.49, th, fi	om the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED.	STAFF 22b, DATE
		LD. PHYS DIRECTOR	PHYS. 1 3/03/61
	1222 PHYSICIAN'S W. F. M. C. C-VA +h	22d 303 Ft20	erick Rd Cetalsville 28mo
<u> </u>			
23	e. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, L	OCALION (City, town or county) (State)
_	Kemoral 3-25-61 Crospect	1000	Jane, U-uso.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 P 250. REC'D BY RE	GUSTRAR 256. RÉGISTRAR'S SIGNATURE 62 CLITHUM L. HELANDES
1	Tilly Juneal Home - Colonsoll	CHI DATE LA	Conney A. Tomas
		,	







TO HOS

■M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Whare decessed lived, if Institution, Rasidance bafore edmission) b. COUNTY BALTO MARYLAND
	b. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Write RURAL and give nearest town) TIMONIUM 12 YEARS VIONIUM
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ď	3. NAME OF DECEASED (Minna) uddla (Miller) 4. DATE Month Day Year
-	(Typa or print) WILHELMIN A KATHERINE NUELLER DEATH MHY 20 1962 5. SEX 6. COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7	WIDOWED DIVORCED 4-21-68 94 yrs. Months Deys Hours Min.
4	10e. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if ratired) HWFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) L. CITIZEN OF WHAT COUNTRY? L. S. A.
	13. FATHER'S NAME HENRY HILFEMAN WITHOUN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (Ifyes give wer or detes of service) MRS. CLIFT, 76 NORTHWOOD DRIVE, TIMENILLON
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONEST AND ROLL ONEST AND ROLL
	IMMEDIATE CAUSE (6) THE RESOLUTION OF LARRING PROCECULARY 171 304 54
	Conditions, if any, which \ (b)
	gava risa to immadiata causa
	(e), stating the underlying but to cause last.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES NO P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 17. WAS AUTOST PERFORMED? YES PERFORMED? YES NO P OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour e.m. 19 at work at work
	21. I certify that (I) (this bospital) attended the deceased from MHY 9
	228. SIGNATURE Nulleane Villabury M.D. ATTENDING MED. STAFF 5-20-62
	22c. PHYSICIAN'S NAME (Type) WILLIAM A. PILLSBURY 2060 YORK RD, TIMONIUM, M.D.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Steta) REMOVAL (Spacify) 5-23-62 Mt. Olivet Cemetery 2930 Frederick Ave, Baltimore
	BURTAL 24 FUNERAL DIRECTOR'S SIGNATURE Mt. Olivet Cemetery 2930 Frederick Ave, Baltimore Address 250. REGISTRAR 255. REGISTRAR'S SIGNATURE
1	Wm. Cook-Towson, Inc., 1050 York Road TOWSON 4 DATE 2 2'62 Colling & Thomas



W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss on) a. COUNTY 무무 MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CFTY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Trivsch d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Month DECEASED (Type or print) DEATH AGE (In years IF UNDER YEAR) 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED IV DIVORCED T physician USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USEWIFE attending (Yes, no, or unkown) ((Ifyesgivewarordates of service) 18. CAUSE OF DEATH Enter only one cause pet INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20a. ACC DENT WAS JNDERLYING [| 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of Iom 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Month, Day, Yeer (County) factory, street, office bldg., etc.) Hour e.m. While Not While et work at work DATE ATTENDING. PHYS. DIRECTOR 22d. ADDRESS NAME (Typi rector, 23s. BURIAL, CREMATION, 23b. CEMETERY OR OI ADDRESS 258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE VR A15 [4]



			DIMISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05516
24 hours after n by the funeral ferrors.	1)		PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b
be executed him id completely filled in rbon papers. Pages within 72 hours affe	90	3.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) HOWSE IN THE PINES NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) Lest 1. DATE Month Day Yeer DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years) IF UNDER 14 RS. Lest 1. DATE Month Day Yeer DEATH MAY 19 19 6 2 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years) IF UNDER 14 RS. Lest 1. DATE OF BIRTH 9. AGE (in years) IF UNDER 14 RS.
death certificate I nding physician ar please remove ca and in any event.	1)	13.	USUAL OCCUPATION (Give kind of work ne during, most of working life, even if retired) LERK FATHER'S NAME WIDOWED D. VORCED D. V
The law requires that the thending physician, s been signed by the attenual-transit permit Then it, cremation, mr mmmaval,			18. CRUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: HH 3 X DUE TO Conditions, if eny, which gove rise to immediate couse (b) Chronic Hyperchanics Cardio Varcolus Due to (a), staling the underlying DUE TO
ING PHYSICIAN: d by the hospital or a After this certificate ha acled for um as thm t f Health prior to burin	Ĉ	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.
4 OR ATTEND 4 may be retaine 4 may be retaine 4 LIRECTOR: A SET I should be del ith the State Hept, o	,	MI	21. I certify that (i) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (i) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (i) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (i) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (i) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, to 5-1952, that (ii) (the hospital) attended the deceased from 5-2-1, 1949, the hospital attended the hospital attended the hospital att
TO HOSP death. P director, ps 109/6 wsi	A N		NAME (Type) WI/MET K. Gallager B209 Frederick Ave, B217.28, Ide BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURIAL (Specify) MAY 2Z, 1962 BAFTO NATIONAL COM BAFTIMORE. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25b. REGISTRAR'S SIGNATURE SMAC Nabl 301 Frederick are #28 DATE MAY 23'62 Circling & Frederick Ave & Carling & Carling & Frederick Ave & C

MARYLAND STATE DEPARTMENT OF HEALTH



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

LEPLACE OF DEATH 8. COUNTY Baltimore MARYLAND 1. CITY OR TOWN III outside comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to the comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to the comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to the comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to the comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to the comparise limit, c. [ENGIN OF STAY IN III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed to comparise limit, c. [ENGIN OF STAY III LAIRS downed t					· ·	
CITY OF TOWN (If outside compared limit), which works appeared limit, which start he way with any of the property of the prope		- COUNTY	TERRITOR WATER	CTATE -		
Lans downe d NAME OF HOSPITAL OR INSTITUTION (if no in benchile, gives streed eddress) 180 Baltimore Ave. 3. NAME OF DECLASED Brian Craig Nauman 5. SIX 16. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED PARTH May 28, 1962 19 S. SIX 16. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED PEACH May 28, 1962 19 S. SIX 16. COLOR OR RACE MARRIED NEVER MARRIED NEV	7	b. CITY OR TOWN (if outside corporate limits, c. LEI		c CITY OR TOWN (I		
180 Baltimore Ave. 3. NAME OF PROCEASED PROCEASED Brian Craig Nauman 5. SEX 16. COLOR OR RACE! 7. MARRIED NOVEL OF SUBJECT OF PART May 28, 1962 19 ACE (In year 19 OUNDER YEAR OF UNDER YEAR OF YEAR OF UNDER YEAR OF UNDER YEAR OF UNDER YEAR OF UNDER YEAR OF YEAR OF UNDER YEAR OF YEAR OF UNDER YEAR OF YEAR			Life	X Lanso	lowne	
180 Baltimore Ave. 180 Ba		d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, gi	ve street eddress)	d, STREET ADDRESS		
DECEASED (Type or print) 5. SEX Male White White DOWNED D					·	YES NO K
S. SEX MALE White White Woowed DECRETE NAME 106. USUAL OCCUPATION (Give hind of week) Total of retired) Total of retired of the working life, even if retired) Total of retired of the working life, even if retired) Total of the working life, even if retired) Total of retired of the working life, even if retired of the working life life, even if retired in low or working life, even if life life, even if even in low or working life, e		DECEASED		Lasi	OF	
Child Tohild		5. SEX Male 6. COLOR OR RACE 7. MARRIED N White W DOWED	IEVER MARRIED K		9 AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U.S. ARRED FORCES? 16 SOCIAL SECURITY NO 11/2. INFORMANT 180 Baltimore Ave. 180 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 19. Conditions, if any, which gives rise to Immediate cause (e), stelling the underlying 19. WAS AUTOFY PERFORMED (c), stelling the underlying the underlying the underlying the underlying (c), stelling the underlying the un		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUST	RY 11, BIRTHPLACE (Coun	ty & Stele, or foreign country) 12	
15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (Hyssp yeward adisoriservice) The point of the po			ne			U.S.A.
The control of the second control of the sec	-	Eulys E. Nauman		Beverl	y E. Hatch	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY:			L SECUR TY NO 1 17.	NFORMANT	Address	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). PART I, DEATH WAS CAUSED BY: (IMMEDIATE CAUSE) DUE TO Conditions, if any, which gave rise to immediate cause (e), stelling the undarlying (e) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOFSY PERFORMED. YES NO IVER OF INJURY MORITY MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING [] 20b. DESCR-BE HOW INJURY OCCURED. (Enter reture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE of DEATH Work Monity, Day, Year While I work factory, street, effice bidgs, etc.] 21. I CERTIFY that (i) (this hospital) attended the deceased from factory, street, effice bidgs, etc.] 22e. SIGNATURE 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) AUTOMORPH CAUSE OF DEATH SIGNED 22d. ADDRESS 23d. ADDRESS 25e. REFORMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Baltimore Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REFORMATION 25b. REGISTRAR SSIGNATURE		19.0	ne Eu	lys E. Naumar	, 180 Baltimore A	Ave.
PART I. DEATH WAS CAUSED BY. ONS AND PLATH ONS AND PLATE ONS AND PLATH ONS AND PLATE ONS AND PLATE ONS AND PLATE ONS AND PLATE ONS AN				·		INTERVAL BETWEEN
Conditions, if any, which gave rise to Immediate cause (e), stelling the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?		491 × MMEDIATE CAUSE (a)	Branchop	numme	_	ONSE AND FEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 20b DEATH II. 20c TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY MONTH, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY MONTH, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY MONTH, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY MONTH, Dey, Year 20b. INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY MONTH, DEY, YEA		gave rise to Immediate cause (e), stating the underlying				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 4 while et work et work et work 19 e			polsy	_		PERFORMED
21. I certify that (I) (this hospital) attended the deceased from			IOW INJOK! OCCOM	. (the heigh of lingly hi	all to cass is of halfs to 1	
saw the deceased alive on 19 ft and that death occurred at 7.1. from the causes and on the date stated above 22e. SIGNATURE 22e. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) REMOVAL DISPETUTE 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D 85 REGISTRAP SSIGNATURE		20c. TIME OF INJURY Month, Day, Year Abd. INJURY While No. 19 et work 4	ot While fac			(County) (State)
226. SIGNATURE 226. SIGNATURE ADDRESS AM D. ATTENDING PHYS. DIRECTOR PHYS SIGNED 226. PHYS/CIAN'S NAME (Type) Her West 1, Levic Kas 226. NAME (Type) Her West 2, Levic Kas 227. NAME (Type) Her West 3, Levic Kas 228. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION (City, town or county) 238. BURIAL, CREMATION (City, town or county) 239. BURIAL CREMATION (City, town or county) 240. DATE SIGNED 250. REGISTRAN'S SIGNATURE 260. REGISTRAN'S SIGNATURE						
22c. PHYSICIAN'S NAME (Type) Her Wert J. Levie Kas 22d. ADDRESS Tost Duic Balta - 27 Me. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (S1010) REMOVAL DISPRESS 23d. LOCATION (City, town or county) (S1010) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. RESCO. BY REGISTRAN'S SIGNATURE			.19 / and tha			22b. DATE
REMOVAL BUTIAL 5/30/62 Loudon Park Baltimore Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAN'S SIGNATURE			vickas	ND. PHYS.	Fast Pine	Balta-27 M
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE	T. Canal	PEMOVAL (Specify)		OR CREMATORY		
MAY 3 VE COAL IT A FORMAL	N.			25e. RFC		
	de la				AY 3 1-02	2 / Calla



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6920 Sollers Point Road Sollers Point Road 6920 complete 3. NAME OF Middle DATE Month DECEASED OF (Typa or print) ELT.A M. NTT-SON DEATH Mav and con 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR certificate be last birthday) Months Pemale WIDOWED [DIVORCED T Jan. 27, 1897 65 yrs. White physician гетоу 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME s attending parts of The please Charles W. Rhinehart Rose B. Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or unkown) | [Hyesgivewerordelesofservice] physician. igned by the No. Oscar A. Nelson 6920 Sollers Point Road-22 18. CAUSE OF DEATH |Enter only one cause per | ne for (e), (b), end (c). attending physic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO certificate has been Conditions, if env. which (6) cave rise to immediate cause **DUE TO** (e), sleting the underlying cause last. \$he PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION 8 Q 20a, ACCIDENT WAS UNDERLYING] 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this DIRECTOR: Affer Inc. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year tactory, street, office bldg., etc.) While Not While WED Hour e.m. at work at work D.m. 21. I certify that (1) (this hospital) attended the deceased from the 14..... 19.62 to 18.57 19 19 that (1) (we) last 22e. SIGNATURE ATTENDING STAFF M DIRECTOR PHYS. O FUNERAL M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Stephen C. Mackowiak, M.D. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Baltimore Cemetery May 23, 1962 Baltimore, Md. 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE AY 2 2 '62 Ullrich Funeral Home Dundalk, Md. Chithury S. Thouse 15M 7 6I

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

19

Devs

(County)

U.S.A.

e. IS RESIDENCE ON A FARM?

YES NO T

19 62

IF UNDER 24 HRS.

Hours Min.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stelle)

22b, DATE SIGNED

(Stete)

Yeer



1	MARYLAND STATE DEPARTMENT OF HEALTH DASIGN STREET, BALTIMORE 1, MARYLAND
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05519
H DEPT.	PLACE OF DEATH e. COUNTY Ballo MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm.ssio
ă	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town)
inter Board	d. NAME OF HOSP TAT OR INSTITUTION (If not in hospital, a ve street address) 710 Eastern Street Street address) 710 Eastern Street No. IS RESIDENCE ON A FARM YES NO.
fter dea	NAME OF DECEASED (Type or print) PATIE CATHERINE NELSON OF DEATH PRAY 20 1962 SEX 16. COLOBYDR RACE T MARRIED IN NEVER MARRIED IN 8. DATE OF BIRTH 19. AGE (1900 M F UNDER 19EAR, IF UNDER 24 HRS
The state of the s	Female White WIDOWED DIVORCED TELL. 27-1882 Jost birthdet Months Days Hours Min. 3. USUAL OCCUPATION (Give kind of work 1106 KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Siete or foreign country)
ithin 72	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
r. File po event wi	Henry Halmette Undernoon WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address os, no, or unknown (lifyergive werer delas of service)
r any e	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c)]
vel, and	422, 1 Due to
ion, or remo	gave rise to immediate causa (e), stating the underlying DUE TO cause lest. (c)
l, cremation	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-0) 19. WAS AUTOPS PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter naturally in Part II of North II of Nort
urial, a	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
ior to b	Hour e.m. While Not While p.m. 19 Is work at work
gent, pr	21. I certify that I look charge of the remains described ebove, held en Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide, Homicide, Undetermined menner CHIEF MEDICAL EXAMINER
AL DIR	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER
FUNERAL its designate	EXAMINER'S NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C.ty, jown, of country) (Stete)
O o	Burnel 5-23-62 Oak Jawn Dalte, Co. Mr.
9	lon 9. Connelly-418 Eastern list. DATE 162 : 2. 2 1/2mg.

A 1			MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 05526 CERTIFICATE OF DEATH	05520
urs afte	M)		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution country BALTO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution country b. COUNTY B.	ni Residence before admiss on
24 ho in by # 1 and er death			b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) CATONSVILLE SWKE, CATONSVILLE	and give neerest town)
thin the bages ours affi	X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) 202 HILTON AVE. 202 HILTON AVE.	e, IS RESIDENCE ON A FARM? YES NO 1
npletel		3.	NAME OF DECEASED (Typa or print) HILDA GMINY ODIN DEATH ADDRESS.	Dey Yeer
and corrarbon		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UND lest birthdey) WIDOWED DIVORCED DEC. 26 1886 8 yrs.	ER I YEAR IF UNDER 24 HRS. Deys Hours Min.
rtificate rsician a	1)	10a do		CITIZEN OF WHAT COUNTRY
eath ce ing phy lease re id in an		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
the diameter of Then povel, an			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address With Light Out - 20.7 Light	on are
ires tha sician. I by the sermit, or reme			18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) IMMEDIATE CAUSE (e)	INTERVAL BETWEEN ONSEY AND DEATH
w required physical signed reads to mation,			334X DUE TO Cevelral Vasculey Heart deserve	42 mm -
The la attendias bas beer burial-laid, crea			geve rise to immediate cause (e), stating the underlying cause lest. DUE TO CAMPENIO Sclorum	years-
CIAN: pital or ficate h ficate h as the	Ö	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSI the hos his cert for use th prior		CERTIFIC	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING ned by After t etached of Heal		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	County) (State)
CTOR.				19.6.2 that (I) (we) la
OR May the DIRE 3 shou			220. SIGNATURE LOGAL TO GOOD FOR STAFF M.D. PHYS. DIRECTOR DIREC	22b. DATE SIGNE
y, page	1			onseithe 26.
death. death. directo		23	REMOVAL (Specify) 3-7-62 Mount Hope Comment 23d. LOCATION (City, town or co REMOVAL (Specify) 3-7-62 Mount Hope Com. Hostings on He	unty) (State)
VR ATS (4) 15M 9/60		24	FUNERAL DIRECTOR'S SIGNATURE Home - Catonsville Med DATE DATE DATE	'S SIGNATURE
		,	MAT 1 0 02 - 300-13	

hin 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

05521

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Charles Maryland b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) Catonsville La Plata, Maryland 16 dvas d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION NO STRRET YES XXNO HOSPITAL SPRING GROVE STATE NAME OF First Middle 4. DATE Month DECEASED Temual (Type or print) James Padgett DEATH May 62 19 S. SEX 6 COLOR OR PACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 9. AGE (In years lost birthday) OWN DIVORCED [Months Days Hours , April 21 male whi te 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U. S. A. -unknown Maryland unknown Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lunknown Martha M. Albrittian unknown James T. Padgett IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Records: STATE unknown SPRING GROVE HOSPITAL un Nown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Bilateral pneumonia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES T NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc. Hour a.m. While Nat while ot wark at work D. III. 19_62, that (I) (we) last May 3 May 3 - 19 62 and that death accurred at 3 M, from the causes and an the date stated above. saw the deceased alive an 226. SIGNATURE 22b, DATE Wallesler SIGNED ATTENDING PHYS. 22c PHYSICIAN'S 22d ADDRESS GROVE STATE HOSPIPAT NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland 23b DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial 1962 La Plata . Marvland Mt. Rest Cemetert REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE Civilian S. Hrans

filed ë buriol-transit page the Sk 0

15M 9/59



. 1 1			MARYLAND STATE DEPARTMENT OF HEALTH
TOD CTAT	E		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TOK SIAL	E I		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
NCALIN DEI	71.		PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) a. COUNTY 72 b. COUNTY b. COUNTY
Pag Pag			DAVIO. MARYLAND Md. BALTO.
W de g			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
is in a	7,		PIKESVILLE 10 185 XPIKESVILLE
for Boa	X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) 733 MILFORD MILL RD 1. IS RESIDENCE ON A FARM?
une ined ate		3.	AFP NO EL
retail e St dea			DECEASED DESCRIPTION OF MANY MANY
15 to	1		
deat d 3	-}	٥.	10 G G A 1 Igst Brithday Months Days Hours M.n.
S C S		îo.	USUAL OCCUPATION 1G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1,2 1,2 1,2 3,0 3,0 3,0 3,0 3,0 4,0 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2		dor	ne during most of working life, even if retired)
hour Pges I. Pg			ASSESSOR VNO. 6454
PM3		101	FERRE C. PEUBCE BLANCIFE CHENOWETH
를 들면 들는 등		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 × 5 × 6 × 1 × 6			TES WII 200-20-6138 EDITH C. PEARCE 733 MILTEROWILL RIS.
tem ferm with with			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c))
xect in l			PART I DEATH WAS CAUSED BY: MANAGE AND DEATH
and and			110 4 1
In perfection of the perfectio			Conditions, if eny, which (b)
Shot S S S S S S S S S S S S S S S S S S S			gave rise to immediate cause
ate ndin iner las			(e), stating the underlying solution (c)
tific "per cami used on,	Λ	z.	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY
De D	U	CATION	PERFORMED? YES NO THE
wo wo dica			206 EXTERNAL CAUSE WAS , 206. DESCRIBE HOW NUTRY OCCURED. (Enter nature of injury in Part I or Part II of Juen 18)
Sho Sho sho isl,		CER	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
iting hief bur		3	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Ds. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
M N S S S S S S S S S S S S S S S S S S		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
Eate Cate			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in my opinion
T Cod in the cod in th			death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
DIC e ce ard in E			CHIEF MEDICAL EXAMINER
THE STATE OF THE S			SIGNATURE MILLER SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Be tal	1		DEPUTY MEDICAL EXAMINER TO
DEI T I I I I I I I I I I I I I I I I I I	nt all		Address (Strebt, clty, town, of county)
Shoul FUN			BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siela)
Og40 p	0		Burial May 7, 1962 St. Thomas Owings Mills, Md.
VS. AISME	1		
SM 7/59	1		J.F. Eline & Sons, M. Reisterstown, Md. DATE MAY 7 '62 Cirling L. Haus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05523 05529 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY g. STATE **6 COUNTY** MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 믕 Rural: Towson d NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION Eudowood Sanatorium ON A FARM? YES NO Towson 4. Marvland NAME OF 4. DATE Middle DECEASED (olive OF (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Personal History Hospital Records, Eudowood Sanatorium 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 0167 **DUE TO** GENITO-URINARY TUBERCULOSIS AFFE 18 UNO Candilians, if any, which gave rise to immediate DUE TO cause (a), stating the underpuo lying couse last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. Not while While at work at work p. m. 21. I cortify that I attended the deceased from That I lost sow the deceosed ond that death occurred at 155 M, from the causes and on the date stated above alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Rennett Steen. Eudowood Sanatorium, Mowson L NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, ar faunty) poge REMOVAL ISpeciful 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 244 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence balore edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town: write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Dev DECEASED OF (Typa or print) DEATH and cor 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days MIDOWED DIVORCED physician remove 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country! done during most of working life, even if relired) 13. FATRER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (If yes give wer or detay of service) 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part II or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or lown) (County) (State) factory, streat, office bldg., etc.) While Not While WED at work at work D. PS. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 27b. DATE ATTENDING PHYS. DIRECTOR M.B 22d. ADDRESS 22c. PHYSICIAN S FUN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Stata) O To B REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S [4] ISM 7/61 arthur S. Himes DATE MAY



A. IV	MARYLAND STATE DEPARTMENT OF HEALTH
	O Pinister of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMPLER'S CENTIFICATE OF DEATH 05525
HEALTH DEPT.	USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) COUNTY STATE D. COUNTY
for. Page ur files.	Baltimore Maryland b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate i m is, write RURAL and give nearest town)
ay is ne direct for you Departh death.	Parkville d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d STREET ADDRESS e 15 RESIDENCE ON A FARM?
he refahed state state after	3002 Woodside Avenue #34 3002 Woodside Avenue #34 Day Yes Day Yes
d 3 to 1 d 3 to 1 ay be with th 72 hou	(Type or print) Wa Arthur Phillips 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
1, 2, am ge 5 m and 2 within	Male White WIDOWED DIVORCED July 12, 1901 60 yrs. 10a JSUAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR INDUSTRY) done during most of working life, even if refired)
24 hours e Pages /M3, Pa pages 1 event	Shop Work Bethlehem Steel Co. West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA
I Pile I	W. Arthur Phillips, Sr. Hallie? 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO '17 INFORMANT (Yes, no, or unknown) { [Yesquewaror detesof servica}]
rcuted w n flem 19 g with it permi	No Mrs. F. Audrey Phillips- 3002 Woodside Avenue #3
lbe exercit ince alon al-trans	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO
should ng" in p 's Offii a buri	Conditions, If any, which (b) gave rise to Immediate cause
"pendir "pendir kaminer used as crema	causa last. (c)
This ce word dical El ald be burial,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS PERFORMED? PERFORMED?
IINER: TI iting the v hief Medi je 3 shoul prior to b	
EXAIN the C the C R: Pas gent,	Hour a.m. Pom. 19 of While Sectory, street, office bldg., etc.] Pom. 19 of work at work
AL 1 Triffica ad to CTO	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner
DIC ne ce ward ward iRE	CHIEF MEDICAL EXAMINER
W Mr worth Hope for the form t	ACTUAL Charle TO ROSCILLA ASSISTANT MED CAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER D
PERION Mease scute should be fo FUNERAL salth or its d	EXAMINER'S (1) 2 Ves 7-0 (2) Address (Streat, city, town or county) 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) (Stata)
TO D Pleas TO Sh	Burial 5-28-62 Druid Ridge Cemstery Pikesville, Maryland
VR A15ME 5M 1/62	23 PUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 248 REC'D BY REGISTRAR'S SIGNATURE WAS A DATE SAY 29'62 Civiling & Kinne
1.7	



VS A15 (4) 15M 10/57

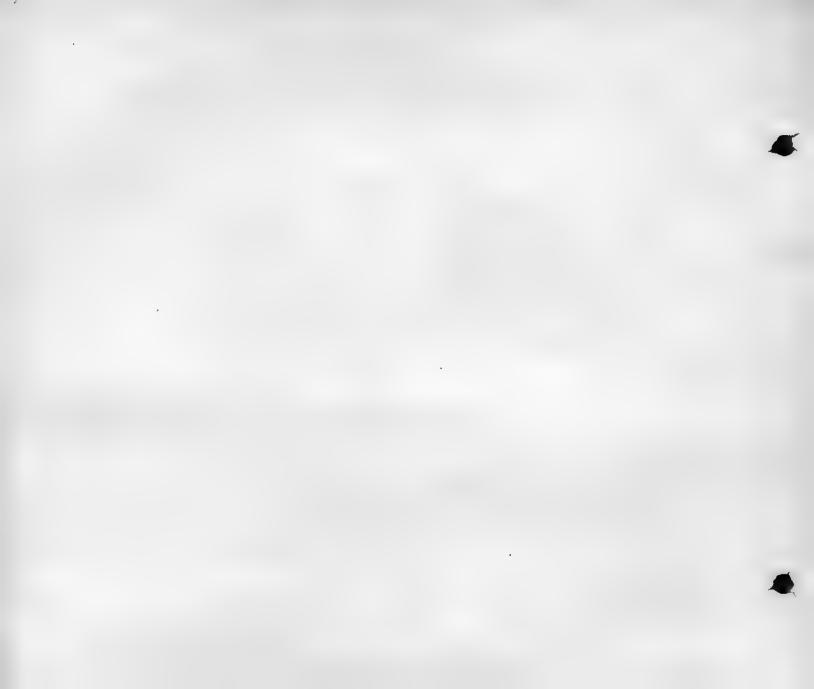
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05532

CERTIFICATE OF DEATH

05526

Reg. Dist. No.

'	OCOUNTY BALTIMORE, MARYLAND	2 STATE 27 THO PICHILL PD. LOUNTY LUE, MD.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Æ	LUTHERVILLE, MD. 4 YEARS.	X LUTHERVILLE, MARYLAND.
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
	27 THORNHILL RD. ILUTH., MD.	27 THOPNHILL TD., LUTH, MD. YES NO NO
3.	NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or print) CLAPENCE EDUARD	PUSEY, SP. DEATH MAY 26 1962
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost bighdoy) Months Days Hours Min
_	MIDOWED DIVORCED	68 yrs
10	Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIBUTION most of working life, even if retired)	
	SAVESMAN CAMPING	HAVRE DE GRACE, NO. U.S.
13	A ARVIAGE BROWNE	14 MOTHER'S MAIDEN NAME
	CLARENCE . CRAHE PUSEY	MATTIE PARKER
IS LY	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	TI THUPAHILL
		PS. MARGARET PUSEY RD., LUTH., MD.
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) URE M	
	4 7 0 DUE TO	LEROTIC HEART DISE- 18 HRS
	gove rise to immediate	(, -,)
	couse (o), storing the under-	ASE.
Z	/ (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
CATION	NONE	PERFORMED?
		YES NO P
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONE.
3	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ICE OF INJURY (Home, form, 20f. [City or town) (County) (State)
MEDICAL	Hour o. m. p. m. No HE 19 While Not while for	tory, street, office bldg., etc.]
-	21. I certify that I attended the deceased from 3 YEAR	
		occurred at 9: 35 P.M., from the causes and on the date stated above.
	direction of the state of the s	ADDRESS (Street, city or town, stote) DATE SIGNED
	actual Enter Setation,	JOPPA & OLD HARPOOD PDS., BALTO. 34, MI
		P.V. cooded
	PHYSICIAN'S PUREN S. SEBASTIAN, M.D.	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	CREMATORY 22d LOCATION (City, town, or county) (Slote)
22	B REMOVAL (Specify) MILY 24,1962 DULANEY	R CREMATORY 22d LOCATION (City, town, or county) (State) TIMOHIUM: MARYLANI)
1	REMOVAL (Specify)	JALEY TIMONIUM: MARYLAND 240, REGID, BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	BREMOVAL (Specify) MIHY 29,1962 DULAHEY	BLLEY TIMOHIUM: MARYLANL



of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY Baltimore . COUNTY Maryland Baltimore MARYLAND C. LENGTH OF STAY IN TH b. CITY OR TOWN (I outside corporate limits, c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Cathonsville a NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street eddress) d STREET ADDRESS 4. IS RESIDENCE ON A FARM? Spring Grove State Hospital Box 327 - Old North Point Rd NES NO 3. NAME OF M ddle DECEASED (Type or print) DEATH KATHERINE ROSTE RAUH 19 62 May 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female Feb. 17, 1883 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlete or foreign country! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Own Home Housewife Maryland U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Dornick Rosalie Mikulec 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unknwn) j (If yes give war or detes of service) Unknown Spring Grove State Hospital None Records: 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), end (c)) INTERVAL BETWEEN Биоје ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (Acute bilateral bronchopneumonia complicating should Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying uld be used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? Med.cal hould be NO F 20a EXTERNAL CAUSE WAS 1 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert I of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. B 3 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 206, PLACE OF NJURY Home, farm, 20f, (City or Iown) (County) (State) fectory, street, office bldg., atc.) While Not While Hour e.m. at work al work 21 I certify that I took charge of the remains described above, held an Autopsy X. Inspect on Inquiry and in my opinion O DIRECT Natural causes 🛣 death resulted from. Accident Sutcide Hom cide Undetermined manner CHIEF MEDICAL EXAMINER forwar ACTUAL ASSISTANT MED.CAL EXAM.NER 🗍 DATE SIGNED designate should be for SIGNATURE DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) DEP 228 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) 240 g Sacred Heart Baltimore County. 23. FUNERAL DIRECTOR ADD RESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Charley S. Thank 1901 Eastern Ave. Lilly & Zeiler Inc. 5M 9 60





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05529

		place of Death	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission)
	<u>'</u>	o. COUNTY	6. STATE 6. COUNTY
		b. CITY OR TOWN (If outside corporate rimits, LENGTH OF STAY IN 16	
ñ		write RURAL and give neerest town)	B. 14.
		8. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, 'giva street address)	d, STREET ADDRESS
	1	o. NAME OF HOSPITAL OR INSTITUTION (IF hot in Rosp tal, g va street address)	d. STREET ADDRESS ON A FARM?
		LICHT NUNSING HOME	117 N. Carlyon St. YES NO
		NAME OF Fust Middle	Last 4. DATE Month Dey Yeer
		(Type or print) 1 0 ANN NA	DEATH //21/ /0, 1962
	5.	SEX 6. COLOR OF RACE 7. MARRIED T NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	MIZ A CO WIDOWED N DIVORCED	Mar 194 1890 [ass burthday] Months Deys Hours Min.
	7_10e	. USUAL OCCUPATION To ve kind of work 10b. KIND OF BUSINESS OR INDUST	7,00 4 21,10 10
	do	ne during most of working life, even if retired)	1 To a 1 1 1/1/
		HOWSE WITE	Uamor C102 4,1, N.Y.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		UMN OORKIS	ANN .
)		WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. s, no, gr Jinkown) ((Ifyesgivewerordatesofservice)	INFORMANT
	(16	s, no, or wikewin (iliyas give well il dates or service)	10/3/ev Keid 117N. Canton St.
	T	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)-]	I INTERVAL SETWEEN
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
		22 / IMMEDIATE CAUSE (6) . CERLURAL	willand accepted to days
		DUETO A - 1 A	2/2
		Conditions, if eny, which (b)	cosed - generalized glass
		(a), stating the underlying DUE TO	
		cause lest. (c)	
	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	N AT		YES NO NO
	CERTHICATION		RED. (Enter neture of in'ury in Pert I or Pert II of Item 18)
	ER.	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	A.	<u></u>	PLACE OF INJURY, Home, ferm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While	eulory, street, office bldg., etc.)
	Z	p.m. 19 et work at work	11. 11. 5. 5.
		21. I certify that (I) (this hospital) attended the deceased from	n. January 16, 1962 to May 16, 1962, that (1) (we) last
		saw the deceased alive on 1962, and the	at/death occurred at M. from the gauses and on the date stated above.
		220y SIGNATURE O INC.	ATTENDING MED. STAFF STAFF
		(Value Ellesan	M.D. PHYS. DIRECTOR PHYS. DIVING 16 1962
		22c. PHYSICIAN S	228 ADDRESS
		NAME (Typa)	Keisterstonen Maryland
	23a	BUR AL CREMATION 236 DATE THEREOF 1235 NAME OF CEMPTER	Y OR CREMATORY 23d. AOCATION (City, sown at copyring) (Spote)
		137 13 18 18 6 19 1869 Y/14 CONNO	usy lem: (USE) Hill Till
	34	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	2	11. 11. 11. 11. 322 N SC	VIACTORY
	//	no ficulty of the livers	DATE DATE DAY 21 '62 Colleg & Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

05520

	CERTIFICATE OF L	EAIH	
1. PLACE OF DEATH COUNTY BALTIMORE	MARYLAND 2. USUAL RES	SIDENCE (Where deceased lived If ms MARYLAND b. COU	
b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 C. CITY OF	R TOWN (If autside carporate limits, wr	ile RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUT ON ROAD ROAD	dress) 210.5	EASTHAM R	D e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First MARY	THERESE REN	OST 4. DATE OF DEATH MAY	Month Day Year 1962
FEMALE WHITE WIDOWED	- 1/10/19	1092 lost birthd	ears IF JNDER TYEAR IF UNDER 24 HE OY) Manths Days Haurs Min
10o. USUAL OCCUPATION (Give kind of wark dane 10b. KI during most of working life, even if retired) HOUSE WIFE - GIFT SHOP OW.	WER- RETAIL MI	PLACE (State or foreign country) ARYLAND	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME ***********************************	VES	SIE HALL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 2/E	C-12-917A FAMILY	RECORDS.	Address
PART I. DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o)	erroscherotic erroscherotic	Cardio-Voryla	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CO	sthmatic B	son chitis	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	IBE HOW INJURY OCCURRED. (Enter nature	of injury in Port 2 or Port 11 of item 18	
20c TIME OF INJURY Month, Day, Year 20d, INJ Haur o. m. 19 While of work	URY OCCURRED 20e. PLACE OF INJURY foctory, street, aff	(Home, form, 20f (City or town) ice bldg., etc.)	(County) (Sta
21. I certify that (1) (1) attende saw the deceased alive an 29.465	d the deceased from Van-	ed at AM, from the cause	f 1962, that (I) (mp) los and on the date stated above
220/5 GNATURE Haure	M D ATTENDI		22b DATE SIGN
22c Physician's NAME (Type) Wm. H. Kammer,	Jr. 22d. ADD	6011 York Road	
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City, to	ws, or county) (State)

page 3 should b TO FUNERA

the funeral director, shauld be filed with

in by the fun and 2 shauld

this certificate has been signed by the attending physician and campletely filled ar use as the burial-transit permit. Then please remove carban papers. Pages 1 or to burial, crematian, at removal, and in any event within 2 hours after death.

er death. Page

DRUID ADDRESS RIPGE

CEM.

25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR Cirthur S. House '62 DATE MAY 8



. =-/	_		383 3 3	CERTIFICATE	OF DEATH		05531
should	M)	1,	LACE OF DEATH COUNTY Baltimore	MARYLAND 2	usual Residence	Where deceased lived, If institution b. COUNTYBAL	ni Residence before edm'ssion)
in by.	1		CITY OR TOWN (it outs de corporale limits, write RURAL end give neerest town) Catonsville	c. LENGTH OF STAY IN 16	× Haletho	utsida comporata limits, writa RURAL Prpe	
E 200	7		NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ta, g ve street address)	4506 Linden	Ave.	o, IS RESIDENCE ON A FARM? YES NO T
npletely papers.			St Joseph Nursing Home NAME OF Pirst DECEASED Type of print) EULA V. RHODES	Middle		DATE Month OF DEATH MAY 26,196	Day Year
e be ex and con carbon nt, within		5.	Female White WHOWER	K DIVORCED Ju	19 18,1884	9. AGE (In years If UND last birthday) Month yrs.	ERTYEAR FUNDER 24 HRS. Doys Hours Min.
certificat hysician remove any ever		do	Housewife Hor	ne	Virginia	State or foreign country) , 12.	CITIZEN OF WHAT COUNTRY
ling p	7	13.	FATHER'S NAME UNKNOWN WARREN	L .	. MOTHER'S MAIDEN NA MALA PRINCE	WE	
the de attend then project and, and	T		WAS DECEASED EYER IN J.S. ARMED FORCES? 16. S., no, or unkown) (Ifyesgivewerordetesofservice)	OCIAL SECURITY NO. 17. INF	ORMANT	Address	
that the it. T			18. CAUSE OF DEATH [Enter only one couse per li	· ·	ren Arnold,	17 E. Saratoga S	INTERVAL BETWEEN
vicial sicial si			PART I, DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a)	h ^	tes		ONSET AND DEATH
v req g phy signe ansit			DUE TO Q	he rel ont	50-		190
endin been rial-tr crem			Conditions, if eny, which geve rise to immediate couse (e), stating the underlying DUE TO	Last Source	Soleros tem terme	1	
Ar ath has ne bu urial,			cause fest. (c)	1 - 1 - 1 - 1 -	ten terrue	OF THE STATE OF TH	48_
SICIAN ospital crifficate rtifficate ise as it or to b	1	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON		ELATED TO THE TERMINAL	OISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHY the he his ce for u		CERTIF	206. ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED. (E-	ute, meanite of tulnish to bed	Tor Pen it of tem 13.,	
ined by After I detached		MEDICAL	Hour a.m. While	Not While of work 20e. P.ACE	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or lown) (County) (Stella)
TTE!			21. I certify that (I) (this hospital) attend				
State			saw the deceased alive on		ATTENDING MED	•	22b, DATE SIGNE
H T T OF T	,		22c. PHYSICIAN'S derice U. D	enfler M.D		CTOR DHYS.	31000
TERP	1		NAME (Type)	er-na.	tout Fre	ncis Ge - Belto	27-mo:
HOS	-	238	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 15/29/62	23c. NAME OF CEMETERY OR		13d. LOCATION (City, town or co	unity) (Stete)
C & C & T	N	24	FUNERAL DIRECTOR'S SIGNATURE	Loudon Park		Baltimore, Md. BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
VR A15 (4) 15M 9/60	Jan .		Howard H. Hubbard, 4107	Wilkens Ave.	DATE	LAY ? o '62 Out	In & Krue

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmiss on) e. COUNTY **b.** COUNTY Baltimore Mary Land the lath. MARYLAND b. CITY OR TOWN (if outside corporele I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) 29vr9mth20dvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? STATE 2708 Gibbons "venue SPRING HOSPITAL. YES NO D 3. NAME OF First Middle Month DECEASED OF (Type or print) Grace DEATH May 23 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARR ED T 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Davs white female WIDOWED [DIVORCED I Oct. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Maryland telephone operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas aftending Joseph P. Rial Kriener 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT oval (Yes, no, or unkown) (Ifyesgive werordetes of service) unk lown Records : GROVE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myelod leukemia IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CATION PERFORMED? YES A NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) Month, Dey, Yeer factory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (K(this hospital) affended the deceased fromJune3.... _32 to.......Mav.....23., 19...62hat (x (we) last 22b. DATE 22e. SIGNATURE SIGNED ATTENDING 5-23-62 PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S HOSPITAL Stella Wachsler. M. D. NAME (Type) Catonsville 28. Maryland 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR **VR A15 (4)** arthur & Trace 15M 9/60





15M 10/57

Francis Gasch's Sons

220. BURIAL CREMATION,

NAME (Type)

BULLIAT (Specify) 5/3/62 23. FUNERAL DIRECTOR'S SIGNATURE

Harry G. Butler, M.D.

22b DATE THEREOF

ADDRESS Hyattsville, Md.

22c NAME OF CEMETERY OR CREMATORY

George Washington

24g. REC'D BY REGISTRAR DATE MAY 4

24b REGISTRAR'S SIGNATURE Chillian S. Thomas

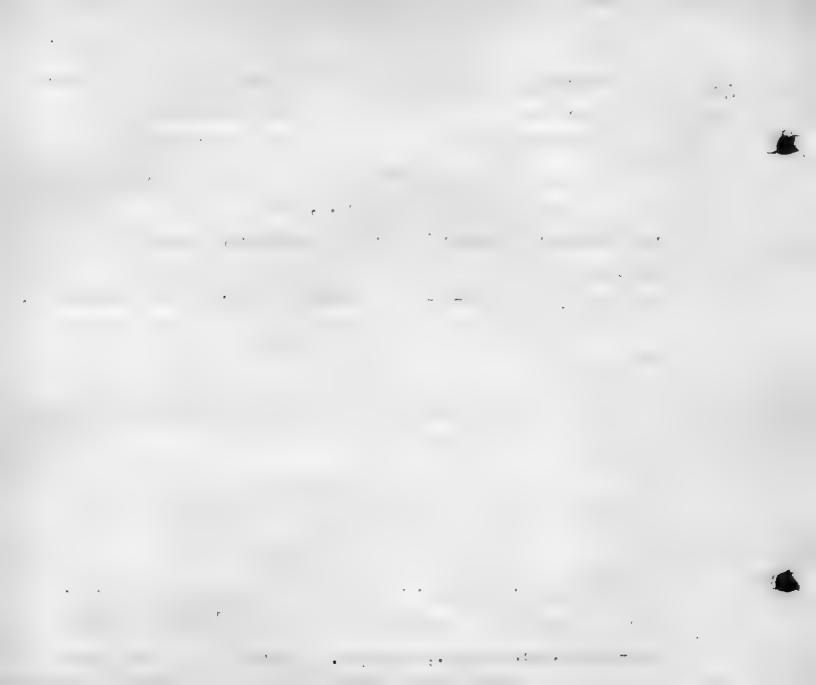
22d. LOCATION (City, lown, or county)
Hyattsville,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) director, Page or your files. e. COUNTY a. STATE **b. COUNTY** Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town? Harrisonburg Expressway Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 530 E. 20th Street paule YES NO NAME OF DATE Mounth DECEASED OF 1962 (Type or print) DEATH Mav 8. DATE OF BIRTH 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED WEVER MARRIED last birthday) Months Hours WIDOWED -DIVORCED male colored 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR PHOUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. perunkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries to head and neck IMMEDIATE CAUSE (e) and trunk DUE TO Conditions, if ony, which gave rise lo immediate cause DUE TO (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? YES XX NO 4 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part If of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY KOOF CONTRIBUTING Passenger in automobile that hit Seminary Avenue Bridge abutment CAUSE OF DEATH. ves Month, Dev. Year 120d INTOKY OCCURRED | 200APLACE OF NOVRY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (County) (Stelle) factory, street, office bldg., etc.) Baltimore Co. Md. 62 el work al work Highway 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 1 and in my opinion Accident XXX Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINERON SIGNATURE PUNERAL designat DEPUTY MEDICAL EXAMINER May 19, 1962 Breitenecker. NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 0 240. REC'D BY REGISTRAR I 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME



- 1	30.7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
		05542 CERTIFICATE OF DEATH	05536
affer nera ould		1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if astitution	Residence perore admission)
2 1 2 E		Baltimore MARYLAND Baltimore Maryland b. COUNTY	Baltimore
of the	M	b. CITY OR TOWN (If outside corporate limits, p.c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL a	
24 5 5 5 4 4 5 5 4 4 5 5 5 5 5 5 5 5 5 5		write RURAL end give neerest lown) Lutherville Lutherville	
bin led i	X	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	IS RESIDENCE ON A FARM?
y fill		113 Marykay Road 113 Marykay Road	YES NO
etel pers		3 NAME OF First Middle Last 4. DATE Month OF	Dey Yeer
xect pmpl pal		(Type of print) HENRY CHRISTIAN RIX DEATH May 30,19	
d co bon with		5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDE	R 1 YEAR IF UNDER 24 HRS.
and carl		Male White WIDOWED D VORCED Oct. 3, 1894 4 7 yr.	
fical cian ove		done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
certi hysi rem any	ı		USA
in a		13. FATHER'S MAIDEN NAME	
dea ndin and	(T)	Christian Rix Christian Rix Anna Link Address Address	
the afte hen rat,		[Yes, no, or unknown] [My sgive were deterof service] 212-01-7014 Mildred Rix Preston-113	Marvkav Rd.
hat he he t. T		TIS. CAUSE OF DEATH (Inter only one ceuse per time for (a), b), and (c)	I INTERVAL BETWEEN
cian by brmi		PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH
hysined it p		350	Loupe
w re sign rans		Conditions, if eny, which (b)	
ndir mdir seen jal-t		geve rise to Immediate ceuse	_
The atternation as the burning of th		(e), stating the underlying to the cause lest.	
Par he	1	(6)	RT I(a) 19. WAS AUTOPSY
CIP Pital Files Files To as	100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
YSI hosi certi use		# 2De, ACCIDENT WAS UNDERLYING 2Db, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
A 등 등 등 등		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
라는 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한		factors street office bldg ate)	ounly) (State)
o deta		Hour a.m. y.m. 19 While Not While Mactory, Wreet, office bidg., etc.) Mile Not While Mactory, Wreet, office bidg., etc.)	
or sept.		21. I certify that () (this hospital) attended the deceased from the land of the second from 1959, to may 30., 1	外点 that (1) (we) las
PAT De Di		saw the deceased alive on May 1 1962, and that death occurred at 3.7M, from the causes and on	the date stated above
Sta Sta		22 SIGNATURE ATTENDING MED. STAFF	226. DATE SIGNED
7479 7479		PHYS. DIRECTOR PHYS. 1224 ADDRESS	
A Bag	- 1	TABLE MANUE (Trust	17. 164
INE Por	3		
death. P. Co FUNE		REMOVAL (Specify) Type 2/62 Poplared Baltimore Ma	
5.55.7	3	Burial June 2/62 Parkwood Baltimore, Ma. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250.	
VR A15 (4) 15M 9/60	1 21	Ze folderus autration a distribute	
15.1. 7100	70	Wm Cook-Towson, Inc. York Rd., Towson, Md. DATE (IN 4'62 a.t.	A. Kung



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
		05543 CERTIFICATE OF DEATH				
ours after	M)	LACE OF DEATH COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased I'ved, H. institution; Residence before admission as STATE Maryland Maryland A STATE Maryland	7			
in 24 hory filled in by 1 sec. Rage 1 and 1 hours after dust	14	c. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) tons ville NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) oring Grove State Hospital LENGTH OF STAY IN 16 Baltimore City 30. d. STREET ADDRESS 2//7 Walksley At 15 RESIDENC ON A FARM YES NO R	A?			
mpleter pallers in 72 h		VAME OF DECEASED William Joseph Robbins OF Death May 13 19 62	,			
te be ex n mnd con carbon ant, withi		Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HR. lest birthdey) Months Deys Hours Min.				
th certifical g pllysician as remove in ally live	T	USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired) Truck driver William Robbins USA Maryland 14. Mother's Maiden Name Louise Bennett	ty?			
if the death attending Then pleasi	4	Was deceased ever in u.s. Armed Forces? 16. Social security No. 17 Informant Address (Ilyesgivewerordelesal service) 215-05-1621 Hospital record. Spring Grove State Hospital	-			
quires that ysician. ed Ey this permit.		18. CAUSE OF DEATH [Enter only one ceuse per I ne lor (e), (b) and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) Cardiac Failure	,			
The law rectanding phase leen sign burial-trans!		Conditions, Il any, which gever itse to immediate cause lest. DUE TO Hemoptisis Postoperative complication of Carcia Undetermin (b) Hemoptisis Postoperative complication of Carcia Undetermin (b) DUE TO (c)	ed —			
ICIAN: spital or fificate le e as the	٥	PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS PERFORMED? YES NO	Y [™]			
PHYS the ho this cer d for un		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter netuce of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	_			
NDING ined by t: After detacher; of Hea		20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, Place a.m. While Not While et work at work				
ATTED be refa		21. I certify that M (this hospital) attended the deceased from NOV 13, 1959, to May 13, 1969, that (I) (we) lissaw the deceased alive on May 13. 1969,, and that death occurred at	¥8.			
A may	1	228. SIGNATURE Lest and Phys. ATTENDING MED. STAFF PHYS. 5, /3. (9) 22c. PHYSICIAN'S 22d. ADDRESS 22d				
IOST Ifh. P sctor, pa filed wit		NAME (Type) - RUDE - LEIS (HITANN - 200 - 1 - 1 Co Z - 1) DURIAL, CREMATION, 1236. DATE THEREOF 23c. HAME OF CEMETERY OR CREMATORY 230. LOCATION (Girl, town or agunity) (Grove)	E			
VR A15 (4)	C	Sure Signature Candress 25. REC'D BY REGISTRAY 256. REGISTRAY'S SIGNATURE				
15M 9/60	M	Thin J. Cowan + Son Sic - Balls 23, DATE WAY 16'62 arthur S. Kinns				



h 4		MARYLAND STATE DEPARTMENT OF HEALTH	
2		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	
		05544 CERTIFICATE OF DEATH 05538	
after		PLACE OF DEATH 2. USUAL RESIDENCE [Whara dacaasad livad, If institution; Residence before edm	uss on?
2 4 5 E	VI)	Baltimore MARYLAND BALTIMORE OCH	V 25%
5 4 5 6		b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporeta limits, write RURAL end give neeres) lown)	1
24 in by in ar	3 * 3	Rural - Pikesville, Md. 17 days, X SPARREWS POINT	-
thin thin sales	Fred	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street podress) d. STREET ADDRESS o. IS RESIL ON A F	
is P. P.		VEST NOTES OF THE PROPERTY OF	and .
2 get lie		NAME OF First Models Last 4 DATE Month Oey Year DECEASED OF MONTH	1
exec comp on pa		(Type or print) ALE NODVAN DEATH 1977 5 196 SEX 6. COLOR OR RACE THANKIED HARDING TO 8. DATE OF BIRTH 19. AGE (In years if UNDER I YEAR) IF UNDER 12	
0 m X 2	• /	last birthoday) Months Days Hours	Min,
		108. USUAL OCCUPATION GIVE KIND OF WORK 10b. KIND OF BUSINESS OF INDUSTRY 11 BIRTHE ACE (County & State, or foreign country) 12. C TIZEN OF WHAT CO	JNITPV3
ifficati sician nove		dona during most of working life, even if relired)	2341613
Cerl phys any		IS. FATHER'S NAME	-
ing lease		ISAAC VIRAIRE MARY SAPPIER	
endi n pl		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 0 COLLA TECHNICA TO INFORMANT Address	-
the ath The		(Yas, no, or unkown) (Hyasgiva war or dates of 1897) call 204-26-6787 Hospital Records, Mt. Wilson State Hospital	
tha n. the nit.		18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	
sicia d by pern or 1		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) PULLMONARY TUBERCULOSIS ONSET AND DEA 2 GERL	
phy phy gne gne isit ion,		002 X QUE TO	2
ing in signaturan		Conditions, if eny, which (b)	
he lend bee bee urial		gava risa to immadiate ceuse (a), stating the underlying OUETO	
r att		cause last. (c)	
IAN al o		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AU PERFORM YES NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AU	AED &
SIC.	0	YES N	X
e he s ce or u		20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH OF THE REPORT OF THE PROPERTY OF	
thing the sale of			ete)
Affe Affe		Hour s.m. Whila Not Whila fectory, street, office bldg., alc.)	0.0)
R. de			3.1
E G G G		21. I certify that (I) (this hospital) attended the deceased from PPRIL 1.8., 1962 to MAY. 5, 1962, that (I) (we saw the deceased alive on MAY. 5	
RECOUNTY DO			DATE
O S S S S S S S S S S S S S S S S S S S		ATTENDING MED. STAFF	SIGNED
A A H		22c. PHYSICIAN'S 22d. ADDRESS	6-1
NER.	1	Wm. Newcomer, M.D. Superintendent Mt. Wilson State Hospital, Mt. Wilson,	Md.
FUN.	1	23e. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	•]
9 0 g g	0	**Buriari* 5-8-1962 Oak Tawn Eastern Ave. I'd	
VR A15 (4)	1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
15M 9/60	12	JOHN J. DUDA 7922 Wise Ave. 22. Md. OATE WAY 7 '62 Cirling & Kinne	



1		MARYLAND STATE DEPARTMENT OF HEALTH
i es		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05539
# PEN) i	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
and	7	Baltimore MARYLAND 8. STATE Maryland Baltimore
24 h		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Catonsville
Filled i	V F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) (d. STREET ADDRESS
with fille ars. Pag. hours	7	6159 Northdale Road ON A FARM? VES NO PA
pape 72		DECEASED OF
e con	-	5. SEX 6. COLOR OR RACE, 7. MARRIED B. DATE OF BIRTH 19 AGE (In years IF UNDER 24 HRS.
s and carb		Female White widowed X Divorced Oct. 14, 1884 Months Days Hours Min.
ifical liciar nove eve		10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
ing physicase rend in any	_	At Home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e deal	LJL	David Armstrong Dixon Mary Amelia Davis
the state		15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) [(Ifyesgivewerordates of service)]
that		Np Mrs. Joseph C. Overstreet 6159 Northdale Road
ires sicial by Serm or r		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
phys phys gned sit p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STEL ANY 21515 CFWFINI LILEIN ' DERCHAIS -
ing ing		Canditions, if any, which \ (b) MEMBERS - CL DESCRIP
tend tend bee urial cre		gave rise to immediate cause [e), stating the underlying DUE TO DUE TO
has has urial to the		cause last. (c) A P. O C P. 14 SC C E PLOTO Carely UNSOULDED MISSESICE
Ital Cate as the to b		
SIO Ospi Ospi Ospi Ospi Ospi Ospi		PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHY the h this c od for alth pu		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
After After f He		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) [Slete] Hour a.m. While Not While factory, street, affice bldg., etc.)
STATE OF THE PARTY		p.m. 19 at work et work
E P P P P		21. I certify that (i) (this haspital) attended the deceased from
State		saw the deceased alive on
33 s		ATTENDING MED STAFF
NERAI NERAI I', page d with	,	22c PHYS. GIAN'S CLIN / STANELLY MD. 22d. ADDRESS PHYS. L. 22d. ADDRESS
N S S N	1.	To the M. Show in a son Ellhourdson Kas Machellen
death death o FU directe		23a. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial June 2. 1962 Draid Ridge Pikesville, Marryland
VR A15 (4)		Burial June 2, 1962 Druid Ridge Pikesville, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7,61	N.	Burgee Funeral Hone 3631 Falls Road DATE JUN 4'52 Chilling & Kings
(y	7	Horace tr. Kungue



1 to P.		MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland CERTIFICATE OF DEATH 05540
funeral should	ЛV	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission
1 2 2 E	44	Baltimore Maryland Baltimore Baltimore
by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
d in 2	-	Middle River Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS , e. IS RESIDENCE.
rs. Page		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1616 Wilson Point Rd. d. STREET ADDRESS ON A FARM YES NO X
pers Pers 72 h		3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
mpl pag		(Type or print) EDMUND F. ROSENBERGER DEATH May 22, 1962
o executed control within		5. SEX 16. COLOR OR RACE 7. MARRIED IX NEVER MARRIED IX 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS
be party w /,		Male White WIDOWED DIVORCED July 1. 1891 July 1. 1891 Days Hours Min.
an a		10s. USUAL OCCUPATION [Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
A SICI		done during most of working life, even if reffred)
th cer g phy ase re- in an	ł	Storekeeper General Store Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	اث	John Rosenberger Rebeccah Eberline
ne de la	[)[15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [lifyesgivewar or dates of service]
1 0 1 0 C	ン	No Laura Rosenberger 1616 Wilson Point Rd.
表 5 年 fe fe		18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
quires nysicia ned by t perm n, or		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CIRCULOTORY failure
aw re ing pl n sign fransi		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO GRUNTALIZED ATTACK (CSTON Cry Obstruction) Au underlying 20 years Au underlying Cause last.
or been been created and creat	- i	gave rise to immediate cause
has has bu		(e), stating the underlying Securalized arterioscletoscs 20 year
Cate as the but to but		
SIC ospiriti		3 (A DIMPRES MICHING TO CORPUT MICHIEN MA ESS A ALE HAR WO DE
PHY the h this ce d for a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPST PERFORMED? PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part Lor Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
After After Ische		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 19 at work 19 at w
R: del		p.m. 19 at work et work
E a Clara		21. I certify that (I) (this hospital) attended the deceased from
e de la company		saw the deceased alive on
A may		Eugus C. Dammum M.D. Attending Med. STAFF 5124/62
Pag A	/	22c. PHYSICIAN'S NAME (Type) 7 C 7
/ Y		E.C. Baumann, M.D. 413 Eastern Avenue, Essex
HOS:	ſ.	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sleta)
စ်နှစ်နှစ့ ျ	K	Burial May 26, 1962 Parkwood Cemetery Parkville, Md.
₩ 1 ¹⁴ VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7/61	6 ;	Ullrich Funeral Home Baltimore, Md. DATE MAY 31 62



1	MARYLAND STATE DEPARTMENT OF HEALTH		
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLAND	
fer eral		1,0,141	
。	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institute a. COUNTY a. STATE A	ion: Rasidenca befora admission)	
our F 2 F	MARYLAND /Varyland		
by the and death	write RYRAL and give nearest town	L and give nearest fown)	
affer /	d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give streat address) d. STREET ADDRESS	L S RESIDENCE	
Page Page	Md Masinie Homes 1623 E. North Ave	ON A FARM?	
2 house	3. NAME OF First Middle Last 4. DATE Month	Day Year	
mple pag	(Typa or print) Nethalie Wilson Rutledge DEATH May	11 1962	
and com carbon p	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years) If UN last birthdey) Mani		
- E S S -	PEMALE White WIDOWED 1 DIVORCED DET 17, 1882 19 you	ths Days Hours Min.	
fificate lisician au move cay event,	done during most of waytign life over it waited	CITIZEN OF WHAT COUNTRY?	
	Housewite Bultimore City, My.	USA.	
death c ding pl please and in a	13. FATHER'S MAIDEN NAME Warren Paynter Alice Wilson		
den and and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_	
the atte Ther val,	(Yes, no, or unkown) (lifyesgive war or dates of service)	Kency: IL M.	
That the the the the the the the the the th	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
sicia d by dern or r	PART I. DEATH WAS CAUSED BY: Diabetes Mallitus	ONSET AND DEATH	
phy phy gne sit ;	260 X DUE TO		
ing ing trar	Conditions, if any, which (b)	_	
he lend lend bee urial	gave rise to immediate cause (a), stating the underlying DUE TO		
or at or at the has burial	cause last. (c)		
IIAN fiel o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19, WAS AUTOPSY PERFORMED?	
SIC ospilition to	3 Anteniosalenone condivascular desense	YES NO	
FFT is ce for c	Antenios Serial Conditions Constituents to Death But Not Related to the Terminat Disease Conditions Given the Antenios Conditi		
Sed Sed		(County) (State)	
After of H	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) factory, street, office bldg., etc.) While Not While factory, street, office bldg., etc.)		
Per de	21. I certify that (I) (this hospital) attended the deceased from Co. 1961, to Mocey	1962 that (1) (wo) last	
E SE	saw the deceased alive on. May 11 19.62 and that death occurred a city from the causes and		
State State	22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED	
147. E 0.8 F o e	Ligabile 13 should M.D. PHYS. DIRECTOR PHYS.	0/11/67	
ERAL Page with th	22c. PHYSICIANS NAME (Type) A S S L S S S S S S S S S S S S S S S S	2 and	
W Z L'D	Blizabili 10, Onerville Cochegavi		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or crematory)	county) (State)	
5 g G g g	BURIAL 5-14-62 Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 255. REGISTRA	AR'S SIGNATURE	
VR A15 (4)	Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 DATE AY 1 4 '62	S. Flinks	
A.	min-book, ince, 1217 St. raul Street, Baltimore Z DAR.		



4

٠٠ . ا

.

11/2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
		CERTIFICATE OF REATH	05542			
ould	-	L. PLACE OF DEATH				
M The		a COUNTY BALTIMORE MARYLAND 6. STATE MARYLAND 6. COUNTY C. CITY OR TOWN (If outside corporate limits, write RUR	BALTIMORE			
in 24 add in by less last after de	<i>,</i> .	OCCKEYSVILLE × COCKEYSVILLE				
is. Page		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SHERWOOD ROAD SHERWOOD RD.	e. IS RESIDENCE ON A FARM? YES NO			
mplete paper in 72		NAME OF DECEASED MINNIE LOUISE SACRA DEATH MATE	9, 1962			
be early and co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UN leet birthday) Mon	DER TYEAR IF UNDER 24 HRS.			
physician a remove care		IDa. USJAL OCCUPATION (Give kind of work dane during most of working fife, even if retired) WiDOWED DIVORCED 100 10	2. CITIZEN OF WHAT COUNTRY?			
	1	HOUSEWIFE OWN HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	V3A			
tending an pleas I, and it	4	CHARLES S, PROSSER ENMA JANE ADER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	_			
that the n. the at it. The emova		(Yes, no, or unkown) (Ifyergivewerordatesofservice) FAMILY RECORDS 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end,(c)]	I INTERVAL BETWEEN			
quires nysicial ned by t perm t perm n, or r		PART I. DEATH WAS CAUSED BY Or terips cleriotic Heart Disease	ONSET AND DEATH			
law reling plansign sign		Conditions, if any, which (b) Hen. arteriosolerosis	2			
The I attend as been burial burial, cre		gave rise to immediate cause (a), stelling the underlying cause last (a) Thought the underlying cause last (b) How Thought are the underlying cause last	10			
ital or icate has the to bur		The state of the s	I PART 1(a) 19. WAS AUTOPSY PERFORMED?			
AYSIC s hosp certif certif or use prior		206. ACC,DENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II	YES NO X			
G Pr by the er this hed for tealth			(County) (State)			
INDIN ained I R: Aft detac		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, Power) Hour a.m. While Not While et work at work	(Sield)			
ATTI Portion of the Portion of the P		21. I certify that (I) (this hospital) attended the deceased from May				
OR may DIRE 3 shou		22e SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED			
ERAL page with #	1	22c, PHYSICIAN'S NAME (Type) PHYS DIRECTOR PHYS. 22d. ADDRESS	3-12-62			
HOS path. FUN rector,		230. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)			
PRAIS (4) CO	1	BURIAL Sector'S SIGNATURE ADDRESS CEMETERY COCKEYSUILLE A FUNDERAL DIRECTOR'S SIGNATURE ADDRESS 1250. REC'D BY REGISTRAT 1250. REGISTRAT 1250				
15M 7/61	1/1	Colore Russed Ance Torran May 15'62				



1	10	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH	05544
s after funeral should	NA	CE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions R	esidence before admission)
할 할어서	IAI	MARYLAND MAR	give naarasl town)
in by the s far deat	1 5	GO TONS V. 1/2 Months N. Linthicum	_
defly filled in rs. Pages hours after		NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 40 Particular	ON A FARM? YES NO
# # # # # 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ME OF First Middle Less 4 DATE Month OF OF	Day Yeer
be exected the complete of the			9 6 2 YEAR IF UNDER 24 HRS.
- B R -		F WIDOWED DIVORCED July 17, 1875 SE yrs.	Days Hours Min.
certificate hysician remove c		during most of working life, even if retired)	ZEN OF WHAT COUNTRY?
0.0		THER'S NAME 14 MOTHER'S MAIDEN NAME	-
-6 DOE	T	AS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address	
of the of the Then Then provides		o, or unkown) (Ifyes give we ror deles of service)	
ician. by # ermit.		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
law requir		450. Due to	_
e law inding seen s ial-tra crema		endillons, if any, which (b) Amputation old hid thigh	-
or affer has the bur the bur burial,), stelling the underlying DUE TO (c) Right	
CIAN sital o ficate as th to bu	A	PART II. OTHER SIGNIFICANT CONDITIONS LOWTHIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITIONS OF VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED YES NO
TYSI hosp central or use prior		e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)	
G PE by the er this hed fo		EITHER, NOTIFY MEDICAL EXAMINER) IC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) [Court	nty) (Stela)
NTDIN ined :. Aff detac		Hour a.m. p.m. While Not While factory, street, office bldg., etc.) et work et work	46)
TTTE or reta of be Dept		we the deceased alive on	he date stated above
OR A may b DIREC		SIGNATURE ATTENDING MED. STAFF	22b/ DATE SIGNED
		M.D. PHYS. DIRECTOR PHYS C. PHYSICIAN'S 22d. ADDRESS	3/30/62
HOSP teath. P FUNERAL lirector, page	- 1	NAME (Type) W. E. M. Greth 1303 Frederick Re (2)	tonsville 28m
O HOSP death. P O FUNE director, be filed v		URIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country ADVAL (Specify) (2-2-62) // // // // // // // // // // // // //	Del. (Stote)
VR A15 (4)	,	NERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
15M 9/60		Cully tu soral sometis 1 2007	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05552 HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY funeral director. Page ained for your files. of Health. a. STATE 6. COUNTY imore MARYLAND 111a. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Baltimore Ive. ON A FARM? retained State YES NO 3. NAME OF Middle Last 4. DATE Day Month rould be executed within 24 hours after death. It apply in pencil in Item 18. Give Pages 1, 2, and 3 to the I Office along with form PM3. Page 5 may be related burial-transit permit. File pages 1 and 2 with the 5 to burial-transit permit. DECEASED OF (Type or print) DEATH 19 5. SEX 7. MARRIED TI NEVER MARRIED 8. DATE OF BIRTH AGE In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. ma WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Buckalow ara 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMALINT Address (Yes, no, or unkown) ! (Nyesgivewerordetesofservice) sane 18. CAUSE OF DEATH (Enter only one cause perline for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) removal DUE TO Conditions, if eny, which (b) g the word "pending" f Medical Examiner's C should be used as a b "pending" gave rise to immediate cause DUE TO (e), stelling the underlying ö suld be used cremation, o cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSS CERTIFICATION PERFORMED? YES -20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. SICAL E. Secrificate, m., and to the Chief. e Chief / WEDICAL 20c. TIME OF INJURY 204. INJURY OCCURRED [Month, Day, Year 200, PLACE OF INJURY (Home, farm, ! 20f. (City or lown) (County) (Sleta) factory, street, office bldg., atc.) Not While Hour e.m. execute the cerminal by the care and be forwarded to the care and be to the care and the care an at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection 1 Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL lease execute should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED designat SIGNATURE DEPUTY MEDICAL EXAMINER TE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22s. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) \$ 0 P emeteru 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE VS. A15ME Cather S. Thouse 'ord 5M 9/60





TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivithin 24 hours after a death as be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 hould be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

V

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05545

Boltimore	2. USUAL RESIDENCE (Where decessed lived, if 'institution: Residence before edmission) e. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end g ve neersst town)
Catonsville 5 days	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL	3101 - Wylie Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type as print)	eitz, Jr. DEATH May 31 1962
	DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS.
	lest birthday) Months Days Hours & Min.
male white WIDOWED DIVORCED JI 100 USUAL OCCUPATION (Give kind of work IDD, KIND OF BUSINESS OR INDUSTRY)	une 15, 1926 35 yrs. 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Self-employed Tavern	Maryland, Balto.City U. S.
John W. Seitz, Sr.	Mary Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
(Tas, no, or unkown) (Hyesgive wer or dates of service) 213-20-1367	Tan Tan
Marines 1943-46 Rec	cords: SPRING GROVE STATE HOSPITAL
DART I DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Preumonia	
775 X DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
causa last.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
JIV	PERFORMED? YES NO W
2De. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED.	Enler nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF THE CONTRIBU	
	E OF INJURY (Home, ferm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
Hour s.m., While Not While factory	, since, office aregi, are.,
21. I certify that A (this hospital) attended the deceased from	May 25 1962, to May 31 19.62 that \$0 (we) last
saw the deceased alive on May 31 19 62., and that d	double occurred at 2 424 from the course and on the date stated them
22a. SIGNATURE	death occured at
Sille Mante 100	ATTENDING MED. STAFF SIGNED
	20 L ADDOCK COMPANY
PHYSICIAN S NAME (Type) Stella Wachsler, M. D.	TRITIC ON STATE HOSPITAL
	Catonsville 28, Md.
238. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 6/4/62 Cathedral Ceme	etery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
& Vernon Lemmon 4611 Park Heights, Bal	Lto.Md. DATE SEGO
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	



1	MARYLAND STATE DEPARTMENT OF HEALTH
E D	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05548
M Should a should be shoul	1. PLACE OF DEATH •. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Pages 1 ar Pages 1 ar ours after de	write RURAL and give nearest lown) Nr. Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2308 Putty Hill Ave. Nr. Baltimore City d. STREET ADDRESS 2308 Putty Hill Ave. On A FARM ON
cmmletely on papers ithin 72 h	3. NAME OF first Middle Lest 4. DATE Month Day Year OF DECEASED (Type or print) JAMES FRANKLIN SETTLEMOIR DEATH May 16, 1962
carb	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HR 16 UNDER 24 HR 16 UNDER 24 HR 17 UNDER 24 HR 17 UNDER 25 Hours 16 UNDER 25 Hours 17 UNDER 25 Hours 18 UNDER 26 Hours 18 UNDER 26 Hours 18 UNDER 27 HOURS 18 UNDER 27 HOURS 18 UNDER 28 HOURS 18 U
g physicial remover in any ever	done during most of working life, even if retired) Miscell. Railroad Illinois 14. MOTHER'S MAIDEN NAME
attendin Then pies Li, and	William M. Stttlemoir Elizabeth Phelam 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or detect of service)
has been sinn dilly the think the transit permit, i'al, cression, or see	NO IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. (a)
this certificate of for use as the selfth prior to but	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(e) 19. WAS AUTOP PERFORMED YES NO 20e. ACCIDENT WAS JUDGERLYING L. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port I of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
TOR: After	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) 21. certify that (I) (this hospital) attended the deceased from 1970 to 200. (City or town) (County) (State)
AL DIREC	saw the deceased alive on way 1 to 1967, and that death occurred at C.P.M., from the cluses and on the date stated about 22a SIGNATURE 22a SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR
FUNER lifector, pa	NAME (Type) GEORGE SAWYER M.D. 4808 Hargord Rd. Balto he. 23a. BURIAL, CREMATION 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slote) REMOVAL (Specify)
A15 (4) M 7/61	Burial 5/19/62 Cedar Hill Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN F. DENNY, INC. 715 Light St. DATE MAY 21'62 Cuting & Human
///	Baltimore. Md.



*	MARY	LAND STATE DEPARTMEN	IT OF HEALTH—	BALTIMORE, 18	5549
	05554	CERTIFICAT	E OF DEATH	Reg. Dis	t. No
(M)	PLACE OF DEATH o. COUNTY Da/timove	MARYLAND 2	usual residence (Where of STATE Md	deceased lived. If institution: Residence b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate lim RUMAL and give nearest tawn) // L. a. To n. C. V. I I	its, write c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF outside Life Law Fresh	le carporate limits, write RURAL and g	ive nearest town)
76	d. NAME OF HOSPITAL (If not in hospital, OF JUSTITUTION / 11 11 11 11 11 11 11 11 11 11 11 11 1	give street oddress)	d STREET ADDRESS	rison st	+. 15 RESIDENCE ON A FARM? YES NO 1
	NAME OF DECEASED (Type or print) d-20 v-9.	Middle (. //	DATE Month OF DEATH Most	Day Year /4 196 2
	Malan Whater	WIDOWED DIVORCED A	ATE OF BIRTH		YEAR IF UNDER 24 HRS Days Hours Min.
	NUTCE TURE	/ Gas / Vach	WAShIN	gtoN D.C.	ZEN OF WHAT COUNTRY
1)	SAMUEL S	pheltox	4. MOTHER'S MAIDEN NAM	GROS	<u>S.</u>
	5. WAS DECEASED EVER IN U. S. ARMED FOI		dith St	retton 10099	derrison h
	18, CAUSE OF DEATH [Enter only one compart I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (1 h - 1 Hc	e mourha	92	INTERVAL BETWEEN ONSET AND DEATH
	260X DUE TO	duling Ath	resclaves	Č	54-
	gove rise to immediate cause (a), stating the under lying couse last		itus		10 40;
C		DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port	ar Port II of item 18)	
	20c. TIME OF INJURY Month, Doy, Ya Hour o.m. 19	ar 20d. INJURY OCCURRED 20e. PLACE Foctory of work of work	OF INJURY (Home, farm, 2, street, office bldg., etc.)	Of. (Cily or lown) (C	ounty) (Slote)
	21. I certify that I attended the alive an 174413	deceased from Tab C		4 / /- / 19 6 2 that I l	
	ACTUAL PROPERTY A	In the enger,	ADD	RESS (Street, city or town, state) S. MCCENEY M.D.	DATE SIGNE
1	PHYSICIAN'S NAME (Type)		402 MAI	n St.	
	PRURIAL, CREMATION, 22b. DATE THERES	22. NAME OF CEMETERY OF CE		GRATION (City, town, or county)	no mid
in.	FUNERAL DIRECTOR'S SIGNATURE Sterling Butter	JEE Fungal	Home 240. REC'D BY		NATURE & Timus
Ĭ	-	300-475	1/2.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidance E for improve) a. COUNTY Page **b** COUNTY 95. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN if outside corporate I mits write RURAL and give nearest town write RURAL and give nearest lown) our d. NAME OF HOSPITAL OR INSTITUTION (finot in hospite, g.y. street address a. IS RESIDENCE ON A SARM? 3. NAME OF Middle Day DECEASED OF (Type or print) J. within 24 hours after death, If a 18. Give Pages 1, 2, and 3 to the form PM3 Page 5 may be remit. File pages 1 and 2 with the DEATH 7. MARRIED A NEVER MARR ED AGE I MYBOTS IF JNDER 1 YEAR IF JNDER last birthday) | Months Days ' Hours WIDOWED | DIVORCED [OCCUPATION (Give kind of work 106. KIND OF BUS NESS OR INDUSTRY 11 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retirad! ARPENT FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yasa go, or unkown) | (Ifyasgiyewar or dales of service); 18. CAUSE OF DEATH [Enter only one cause per Ina for (a), (b), and (c).] INTERVAL BETWEEN along Office along burial-transit PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO b, writing the word "pending" in the Chief Medical Examiner's Of Page 3 should be used as a burnt, prior to burial, cremation, communication, Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) factory, straet, office bldg., etc.) Whila Not While at work at work 19 OR 2 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection . Inquiry and in my opinion should be forwarded i death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL SSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ᆼ please 4 shoul O FUN Health Addrass (Street, city, town, or county) BE 220. BURIAL CREMATION | 226, DATE THEREO LOCATION (City, town, or country) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62 DATE JUN arthur & Kroud





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY **b.** COUNTY Maryland the I Baltimore MARYLAND b. CITY OR TOWN (if outs de corporate limits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give nearest town) Fort Howard 108 days Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1621 Latrobe Street Veterans Administration Hospital YES NON completely NAME OF Middle DATE Month DECEASED .Type or or off MALLITW DEATH MAY 18 1962 SIMPKINS 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH and last birthday) Months Male WIDOWED | DIVORCED June certificate 10a. USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or lore gn country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Annapolis, Maryland Stock Clerk Dime Store U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Hawkins William Simpkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VA Hospital (Yes, no, or unkown) (Ifyesg vewerordetesofservice) Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c),! INTERVAL BETWEEN ONSET AND DEATH UNKNOWN PART I. DEATH WAS CAUSED BY: ARTERIOSCIEROTIC HEART DISEASE MMEDIATE CAUSE IN OBSTRUCTIVE EMPHYSEMA UNKNOWN Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(6), 19 WAS AUTOPSY CERTIFICATION S 0 PERFORMED? RHEUMATOID ARTHRITIS YES XX NO ō 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Iem 18.) 20a ACCIDENT WAS UNDERLYING , OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) 20c. TIME OF INJRY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (the hospital) attended the deceased from May Jan. 19 62 to May 18 May 18 ... 19.62..., and that death occured at 2:00 from the causes and on the date stated above. saw the deceased alive on DIREC 22b. DATE SIGNATURE C SIGNED ATTENDING 5/18/62 PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSICIAN" NAME (Type) SERASTIAN RUSSO, M. D. rector, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY (Stele) 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61

APPLAND STATE DEPARTMENT OF HEALTH



1		MARY	LAND STATE DEP.	ARTMENT OF H	TEALTH	
- Tab		5558	CERTIFICATE	OF DEATH	TREET, BALTIMORE 1	05553
the funeral the fu		LACE OF DEATH COUNTY SALTIMORE County CITY OR TOWN (1 outs de corporete limits,	MARYLAND	. STATE MAR	E (Where dacassed lived, if Inst Y LAND b. COUNTY outside corporete mits, write Ri	itution: Ras'denca before ediffssion)
thin 24 thin 2]	t. Wilson, Maryland I. NAME OF HOSPITAL OR INSTITUTION (If not in h	MO. 14 day	BALTIN d STREET ADDRESS	yore	e. IS RES DENCE ON A FARM?
mpletely fill papers. Pain 72 hours	3.	Name of Property Robert Property Robert Robe	RT S	Md.HOTZL/ SIMPSON	4. DATE Month OF DEATH 5	Day Year 1962
cate be e ian and co	108	6. COLOR OR RACE 7. MARR WIDOW USUAL OCCUPATION (G. ve kind of work 10b.		. DATE OF BRTH 1-26-18 Y 11. BETHPLACE (County)	9. AGE (In yeers IF Myrs. AGE) AGE (In yeers IF Myrs. AGE) AGE (In yeers IF MY Yrs. AGE)	UNDER 1 YEAR IF UNDER 24 HRS. onths Deys Hours Min. 12. CITIZEN OF WHAT COUNTRY
ing physiciar ease regove d'in any ere		FATHER'S NAME	S. SIMPON	14. MOTHER'S MAIDEN	CLARK	U.S.A.
hat the de the attend t. Then pl	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 10 (If yes give were or defeasible rivice) 18. CAUSE OF DEATH JEnter only one cause pe	None Hos	NFORMANT pital Records	Address, Mt. Wilson St	ate Hospital
requires I physician igned by nsit permi		PART I. DEATH WAS CAUSED BY:	PULMONARY	Tubercal	losis: Lung	ONSET AND DEATH
The law attending las been s burial-tra		Conditions, if eny, which gave rise to immediate ceuse (e), stelling the underlying ceuse last.	Barcinom	a of the	Killing"	-
SICIAN: ospital or ospital or artificate buse as the rior to bur	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO			IN PART 1(e), 19. WAS AUTOPSY PERFORMED? YES NO NO
ING PHY I by the hi Iffer this ce ached for the Health pr	ž	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, ferm, fory, street, office bldg., etc.)	20f. (Cily or town)	(County) (State)
ATTEND) be retained CTOR: A uld be det te Dept. of	MEDI	21. I certify that (I) (this hospital) attes	ended the deceased from			, 19 That (I) (we) last
IL OR TRAL DIRE page 3 show with the Star		228. SIGNATURE Willwermer 22c. PHYSICIAN S			ED. STAFF	5/4/6 SIGNEY
HOS: FUNE FUNE rector,	25	NAME (Type) Newcomer, M.D. Su Bural, CREMATION, 135. DATE THEREOF	* "	Mt. Wilson or CREMATORY	State Hospital	or county) (Stete)
O O O O O O O O O O O O O O O O O O O	2	JUNETAL DIRECTOR'S SIGNATURE 606	Harfory 1			TRAR'S SIGNATURE

1 , 10k

-and	- t	ome 18-21 Film 113 MARYLAND STATE DEPARTMENT OF HEALTH
	١,	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	-	5559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05554
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If inst fulion: Residence before edm ssion)
Page Page extr.		BALTIMORE MARYLAND STATEM ARY AND COUNTY BOLLING
dor. Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
हिंहे ब्रेप्।		X DUNDALK
Por Jis		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
de d	0	2116 Willow Spring Rd 2116 Willow Spring Rd YES NOT
Star Star Star Star	3.	NAME OF Purst Month C Dey Year OF
ortho the the		(Type or print) E++A LEE SKILES. DEATH MAY 12 1962
feeth d 3 to with s afth	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
2 E E Z E		WIDOWED DIVORCED 6-9-13
affe 5.	10a da	I. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ours Target		W. VIRGIRIA USA
24 hour Pages Pages within	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E G E E		DUDE HURF MINERVA THOMPSON
for for ever	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addre
ted with with serm	-	AT CATTON OF THE PARTY OF
if in the ong		ONSET AND DEATH
alor and		MMEDIATE CAUSE (6) Arteriosclarotic cardiovascular discuss
ould by in per Office Office burial-		422, DUE TO
should ng" in p 's Offic a burie		Conditions, if any, which (b)
물름 환하는 네		(e), stelling the underlying DUE TO
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
This certification word "pe dical Examuld be use cremation.	CATION	A court is the court of the cou
this year	FICA	206. EXTERNAL CAUSE WAS , 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert I, of I em IB.)
., 900 1	CERTIFI	PRIMARY or CONTRIBUTING D CAUSE OF DEATH. By an overdose of barbiturates
AMINER writing th a Chief M Page 3 sh to burial		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (C'ty or town) (County, (State)
AMII wrifi e Chi Page to b	MEDICAL	Hour e.m. While Not While fectory, street, office bldg., etc.)
cafe, to the OR: I prior	2	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from: / Natural causes Accident Suicide Homicide Undetermined manner X
		CHIEF MEDICAL EXAMINER
MEDI le the c forwar L DIR)		ACTUAL ACCIONANT MEDICAL EVANIANTE M
execution of the first of the f		M.D. CERTIFY MEDICAL EVALUATION TO
execute the uid be forward by the forward by		NAME (Type) H. Shaub Address (Street, city lown, or county) MAY 13, 1962
Sho DE	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
5 g 4 5 g /		FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. ATSME	7 .	
5M 9/60	U	LLRICH FUN. HOME. BALTO. CO. MD. DATE MAY 21 '62 CIRCLING S. FLOWER



1.	K/		DIVISION OF STATISTICAL	RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND
, 5 70 0	V		_ 055ธถ	CERTIFICA	TE OF DEATH	05555
afte		1,	PLACE OF DEATH		2. USUAL RESIDENCE (Where decassed lived, if institut of	n: Residence bafore edmission)
A A S	A)		Baltimore	MARYLAND	e. STATE Maryland b. COUNTY	
7 × 2 × 3	ילי		 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
3 in B	1		Fort Howard	3 days	Baltimore	* * *
fillec Page	~		d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
letely Pers.		3.	Veterans Administr	ation Hospital	1535 Iight_Street	YES NOX DX
6 50	1		(Type or print) James	W.	Slater DEATH May	1 1962
o diff		5.			B. DATE OF BIRTH 9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS.
P P			Male White	WIDOWED DIVORCED	January 3, 1897 65 yrs. Months	Deys Hours Min.
tificat sician move y ever		10a do	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Stale, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
certi shysi rem any		_	Bartender	Tavern	Baltimore, Maryland	U.S.A.
ath ng p sase		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
endi n pl		15.	William Slater WAS DECEASED EVER IN U.S. ARMED FORCE	57 16, SOCIAL SECURITY NO. 17.	Mary Connelly	
if the e att The oval		(Ya	Yes WW I	rical contract contract	INFORMANČlinical Records, de Veters Ospital, Fort Howard, Maryland	ans Administratio
s tha an. y th mit. rem			18 CAUSE OF DEATH Enter only one co	suse par lina for (a), (b), and (c).]	role noward, maryrand	INTÉRVAL BETWEEN ONSET AND DEATH
ysici yd b pen			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	SQUAMOUS CELL CARO	CINOMA RIGHT LUNG	UNKNOWN
7 red 3 ph signe ansit			162 X XXXXXX			
een al-tra			Conditions, if any, which [b]	METASTASIS TO LIVI	<u> </u>	UNKNOWN
The affer as b buri			(a), stating the underlying DUE TO			
AN: for the the	- 1	Z .		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19, WAS AUTOPSY
Sp ta thifica or to		YTY.				PERFORMED? YES NO
s ho cer or us		CERTIFICATIO	20a, ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING TO CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURE	D. (Enfar neture of injury in Pert I or Pert II of item 18.)	
trips of fa			(IF EITHER, NOTIFY MEDICAL EXAMINER)			
Afte by He had by He		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	77 77 77 77 77 77 77 77 77 77 77 77 77	ACE OF INJURY (Homa, farm, 120f. (City or town) (Interpretations, street, office bldg., etc.)	County) (State)
rENI etaint OB: Se de ept. c		W	p.m. 19	at work at work	Anril 28 .62 . May 1	40.62
CTC CTC bid b			saw the deceased alive or May.		April 28, 162, to May 1, to death occured a 2.554 M from the causes and o	
Shou Shou			22a SIGNATURE			22b. DATE
74 11 0 t			V &muse	July ,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X	5/1/62 signed
ERAL Page with th	-1		PHYSICIAN'S NAME (Type) SEBASTIAN	RUSSO, M. D.	VAH, FORT HOWARD, MARYLAND	
	_ '	22.	BURIAL, CREMATION, 235 DATE THEREO	- · · · · · · · · · · · · · · · · · · ·		(State)
death. TO FUN director be filed	Cities,	2.50	REMOVAL (Specify)	- 14/	EDRAL BALTIMON	op M
VR A15 (4)	H	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
15M 7/61	,	7	A Ruck Inc 5	305 HARFORM	Rd. DATE WAY 4 '62 Quil	2 K
		_				TO A DANNA



.501	MARYLAND STATE DEPARTMENT OF HEALTH				
201	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND			
-	A5561 CERTIFICATE OF DEATH	05556			
frer era		decessed lived, If institution, Residence before edmission)			
2 2 % A	B. COUNTY)	6. COUNTY BALTO			
· 로이턴 V	BALLIMUKE MARYLAND 110				
d yand	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	rporete I mits, write RURAL and give neerest town)			
2 = = 2	" Lowelle X CATONSVI.	415			
filled i	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a, IS RESIDENCE ON A FARM?			
ely fill hours	Summit Nursing Home BALT. 28 1 /3 Holmehal	rs / AUR YES NO DY			
	3. NAME OF First Middle Lest 1 4. DATE	Month Dey Yeer			
pape	DECEASED OF (Type or print) OF DEATH	H MAY 9 1962			
exectompl compl n pa thin 7	JAMES SALIN WEED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS			
\$ Poti≥	The state of the s	lest birthday Months Deys Hours Min.			
\$ E S + ;	WIDOWED DIVORCED 1149, 20, 1807	92 yrs.			
certificate thysician a remove c any event	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
certifica physicia s remove any eve	Itouse wife 19ary.	AND US			
- 14 O	13. FATHER'S NAME				
the death attending p hen please rat, and in	1 Phillip Croney				
To the second	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address			
	(Yes, no, or unkown) (If yesgivewer or detes of sarvice) SON, Earl K. S.	MALLWOOD-13 HolmehursT			
that The Hit. J emo	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	I INTERVAL BETWEEN			
es ciau r. r.	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH			
t pe ed	IMMEDIATE CAUSE IN				
re ingin	Conditions if any which DUE TO DESCRIPTION (0)				
law Jing I-tra	(6)				
bed bed irial	geva rise to immediate cause DUE TO				
or ather has the burrial,	ceuse lest, (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE	E CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
fical fical to the total) A A A	YES NO 1			
rior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port or Part OR CONTRIBUTING CAUSE OF DEATH OF DEATH ON THE PROPERTY OF DEATH OF THE EITHER, NOTIFY MEDICAL EXAMINER)	fl of tem 18)			
H. Se	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH . ☐ {IF EITHER, NOTIFY MEDICAL EXAMINER)				
ロンナー		ty or town) (County) (State)			
A State	Hour e.m. While Not While factory, street, affice bldg., etc.)	A (COUNTY)			
C de l'in e	p.m. 19 at work et work	May 62			
E S S S S S S S S S S S S S S S S S S S	21. I certify that (I) (this hospital) attended the deceased from 19 to	o, 19, that (I) (wa) last			
TA EGG &	saw the deceased alive on	m the causes and on the date stated above.			
Sta Ota	22e. SIGNATURE ATTENDING MED.	STAFF 22b. DATE			
O E O E O	M.D. PHYS. DIRECTOR	1 PHYS. 1 2/7/67			
ERAL Page with th	22c PHYSICIAN'S 22d. ADDRESS	1- (10 1 12 0)			
	NAME (TYPO) W. E. MC (+HdTh 1303 Her	enderg (of)			
O HOSI	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOC	CATION (City, town or county) (State)			
E F	REMOVAL (Specify) MALLIZ 1917 STT	louned (: Md			
H P	75-111	ISTRAR 256. REGISTRAR'S SIGNATURE			
VR A15 (4)		62 arthur & throng			
13111 7/00	DATE OF THE DATE O	77 70			
	2014 rederies use.				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S). PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fived, if institution, Residence before edmission) . COUNTY is necessary, director, Page b. COUNTY Baltimore MARYLAND Maryland Laltimore b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) director. write RURAL and give nearest town) Board of Dundalk (220) 21 years Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained the State B Walnut Avenue YES NO Walnut Avenue death. 3. NAME OF Middle Yeer death. If avind 3 to the f DECEASED OF ithin 24 hours after death. If a Give Pages 1, 2, and 3 to the form PM3. Page 5 may be refer pages 1 and 2 with the svent within 72 hours after a WALTER JOHN SMITH May 21st 1962 (Type or print) DEATH 19. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH last birthday) | Months June male WIDOWED -DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tide Water Fisheries USA Maryland Inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Smith, Sr., Anna Schultzski permit. File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) "in pencil in Item 18 Office along with 1 burial-transit permit Mrs. Norma S. Munski, same no 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, and IMMEDIATE CAUSE (a) Examiner's Office as used as a burial-traition, or removal, a **DUE TO** certificate should Conditions, if eny, which (b) gove rise to immediate cause "pending" DUE TO (e), steting the underlying cremation, or PERFORMED? NO Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter peture of In ury In Pert I or Part II of ilem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH MEDICAL EXAMINER: to the Chief / OR: Page 3 s prior to buria 20d. INJURY OCCURRED; 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stelle) 20c TIME OF INJURY Month, Dey, Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection L and in my opinion forwarded has DIRECTC Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) Melvin B. Davis, M.D. Xddi DE 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) (Slele) REMOVAL (Specify) ₫40 p Burial Oak Lawn Cemetery Baltimore Co. Maryland ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME cirching S. Henra Walter Brooks Bradley, Inc., Dundalk 22, Md ODATE 5M 9 60







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Ras dence before admission) a. COUNTY Baltimore 6. COUNTY Md. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) Write RURAL and give neerest (gwn)
Baltimore (Halethorpe) Baltimore (Halethorpe) d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp-tal, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2029 Monumental Avenue 2029 Monumental Avenue YES NO NO 3. NAME OF Midd a DECEASED OF (Typa or print) Robert or (Bolesleus) C. Sobus, Sr. DEATH 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 67 via male Oct. 21, 1894 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Walters Art Gallery Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Sobus Marcianya Unknown 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) (Ifyasgivawarordatesofservica) Martha M. Sobus, 2029 Monumental Ave. #27 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO asc. V.D. Conditions, if any, which gava risa lo immediata causa DUE TO (a), stating the underlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury 'n Part I or Part II of item 18.) 20a ACCIDENT WAS JNDERLY NG I OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaer 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 20f. (Cily or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work al work 19 to Man 4 1967 that (1) (last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on may 2-1967, and that death occured at 9.3M, from the causes and on the date stated above. 22b. DATE SIGNED 22% STONATURE ATTENDING 22d. ADDRESS ME (Typa) John Healy, M.D. Francis Avenue, Halethorpe 27, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23b. DATE THEREOF 5/8/62 Meadowridge Cemetery KXXX Elkridge, Howard Co.Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Chilling S. Hama Howard H. Hubbard, 4107 Wilkens Avenue #29 162 DATE MAY

funeral

filled in Pages

pa

completely

and co

FUNERAL

OI

VR A15 (4)

15M 9/60

irector, e filed

₩ 3

PARTMENT OF HEALTH



AL \ =	CERTIFIC	CATE OF DEATH	บอยอา
V (I /V	A. COUNTY	a. STATE	b. COUNTY Based lived, H institution: Residence before edm.
7	MARYLA		Balte.
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If outside corpor	ate limits, write RURAL and give rearest town)
Н	write RURAL and give nearest fown) Catonsville 4 Yrs.	Balto.	*
Ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		, e. IS RESID
	Verse in the Dines (Cotons 122.)	73 F 182 W-	ON A F
1	House in the Pines (Catonsville)	717 Winans Way	Month Dev Year
	DECEASED	OF	10
	Margle Josephine Sprech	er	May 31 19 AGE (In years IF JNDER 1 YEAR) IF JNDER 24
	7. MENGRED TREETER MERKELL		lest birthday) Months Deys Hours
	F WIDOWED T THE ED	0ct. LL, 1870	91 70.
Г	Nos. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN done during most of working life, even if refired)	DUSTRY 11. BIRTHPLACE (County & Stele, or fo	
L	Housewife None	Maryland	U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Samuel C. Brewer	Angeliea Huvett	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((Hyesgivewerordelesofservice)	17. INFORMANT	Address
ľ	No No None	Mrs. Grover Brown 4611	E: Mamandana Dand Dolld
7	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Mrs. Grover Brown 461	Manordene Hoad Brit
	PART I. DEATH WAS CAUSED BY, Cerebral The	,	ONSET AND DEA
	Conditions, if any, which gave rise to immediate cause	ud longstanding Lardio vascular o	lisease.
	Conditions, if any, which gave rise to immediate cause [e], stating the underlying DUE TO		lisease.
	Conditions, if any, which gave itse to immediate cause [a], stating the underlying DUE TO Cause last. DUE TO Advanced a (b) Atterior Clother DUE TO (c)	ud Rongstanding Cardio vascular 6	_
2001	Conditions, if any, which gave itse to immediate cause [a], stating the underlying DUE TO Cause last. DUE TO Advanced a (b) Atterior Clother DUE TO (c)	ud Rongstanding Cardio vascular 6	ONDITION GIVEN IN PART 1(a) 19 WAS AUI
	Conditions, if any, which gave itse to immediate cause [a], stating the underlying DUE TO Cause last. DUE TO Advanced a (b) Atterior Clother DUE TO (c)	ud longstanding cardio vascular of BUT NOT RELATED TO THE TERMINAL DISEASE CO	DINDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO
	Conditions, if any, which gave itse to immediate cause [a], stating the underlying DUE TO Cause last. DUE TO Advanced a (b) Atterior Clother DUE TO (c)	ud Rongstanding Cardio vascular 6	DINDITION GIVEN IN PART I(a) 19 WAS AUT PERFORA YES NO
	DUE TO Advanced a Conditions, if any, which gave itse to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E CONTRIBUTING TO DEATH E CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ud longstanding cardio vascular of BUT NOT RELATED TO THE TERMINAL DISEASE CO	DINDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO
1	Conditions, if any, which gave itse to immediate cause [e], stating the underlying DUE TO Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeer 20d. INJURY OCCURRED 20d.	BUT NOT RELATED TO THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART I(a) 19 WAS AUT PERFORM YES NO
1	Conditions, if any, which gave itse to immediate cause [e], stating the underlying DUE TO Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeer 20d. INJURY OCCURRED 20d.	BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 200 ACCIDENT WAS UNDERLY NG 200 DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Doy, Year Hour e.m. 200 NINJURY OCCURRED 200 NINJURY 200 NIN	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or Co. PLACE OF INJURY (Homo, form, 20f. (City of factory, street, office bldg., etc.)	DNDITION GIVEN IN PART I(a) 19 WAS AUT PERFORM YES NO NET TOWN) (County) (SI
	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 20. ACCIDENT WAS UNDERLY NG 20. DESCRIBE HOW INJURY OC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Doy, Year White Not While et work 21. Certify that (i) (this work attended the deceased	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CURED. (Enter nature of injury in Pert I or Part II or Part II or factory, street, office bidg., etc.) Tom	DNDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM Filem 18.) Or town) (County) (SI
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. 200 ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While Not While st work st work at work.	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Pert II or Pert II or Pert II or factory, street, office bidg., etc.) Trom	DNDITION GIVEN IN PART I(a) 19 WAS AUT PERFORM YES NOT IOWN) (County) (SI 3.1. May, 1962 hat (I) (a) the causes and on the date stated
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 20. ACCIDENT WAS UNDERLY NG 20. DESCRIBE HOW INJURY OC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Doy, Year White Not While et work 21. Certify that (i) (this work attended the deceased	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Pert II or Pert II or Pert II or factory, street, office bidg., etc.) Trom	DNDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM THE TOWN (County) (SI The causes and on the date stated (22b.)
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. 200 ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While Not While st work st work at work.	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or De. PLACE OF INJURY (Home, form, 20f. (City of factory, street, office bldg., etc.) If that death occured at Apple, from ATTENDING MED. DIRECTOR	DNDITION GIVEN IN PART I(a) 19 WAS AUT PERFORM YES NO NO NOTION (County) (Signature) (Sign
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. 200 ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While Not While st work st work at work.	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CURED. (Enter nature of injury in Pert I or Part II or Part II or factory, street, office bidg., etc.) That death occured at Opm, from MED. PHYS. PHYS. DIRECTOR 122d, ADDRESS	DNDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO NO NOTIONN) (County) (Signature) (Si
4 4 7 6 7 7	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 200 ACCIDENT WAS UNDERLY NG 200 DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200, TIME OF INJURY Month, Doy, Year 200, INJURY OCCURRED 19 work 19 work 19 work 19 work 200 Saw the deceased alive on 29 May 19 20 20 20 20 20 20 20 20 20 20 20 20 20	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or factory, street, office bldg., etc.) That death occured at PM, from ATTENDING MED. ATTE	DINDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO Or town) (County) (Significant of the causes and on the date stated at 22b. County) STAFF PHYS. JUNE SWAY (29)
14 Charles	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OTHER NOTIFY MEDICAL EXAMINER. 20. ACCIDENT WAS UNDERLY NG	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or factory, street, office bidg., etc.) Tom	DNDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO or town) (County) (Statem 18.) 3.1. May, 1962 that (1) (a) the causes and on the date stated at 22b. STAFF PHYS. WAY (29) TON (City, town or county) (Statem 18.)
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OTHER NOTIFY MEDICAL EXAMINER. 20. ACCIDENT WAS UNDERLY NG	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or factory, street, office bidg., etc.) Tom	DNDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO Or town) (County) (Significant of the causes and on the date stated at STAFF PHYS. DUNE YES NO (Significant of the causes and on the date stated at STAFF PHYS. (29) TON (City, town or county) (State
1	Conditions, if any, which gave rise to immediate cause [e], stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IS OF CONTRIBUTING TO DEATH IS OF CONTRIBUTING TO CAUSE OF DEATH IS FIRST. NOTIFER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year White Not While st work 19 mm. 21. I certify that (i) (this state) attended the deceased saw the deceased alive on 29 may 19 mm. 22c. SIGNATURE 22c. PHYS CIAN'S NAME (Type) FMIL HEREOF 23c, NAME OF CEMICAL Specify Burial June 4, 1962 St. Paul Affineral Director's SIGNATURE ADDRESS	BUT NOT RELATED TO THE TERMINAL DISEASE CO. CCURED. (Enter nature of injury in Pert I or Part II or factory, street, office bldg., etc.) That death occured at PM, from ATTENDING MED. ATTE	DINDITION GIVEN IN PART 1(a) 19 WAS AUT PERFORM YES NO filem 18.) Town) (County) (SI The causes and on the date stated in the causes are caused in the causes and on the date stated in the causes are caused in the causes and on the date stated in the causes are caused in the causes are caused in the cause and the causes are caused in the cause and the cause are caused in the caused in the cause are caused in the caused



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05562
the funeral	M	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, it natitution; Residence before edmission) b. COUNTY Baltimore Maryland b. COUNTY Baltimore C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown)
thin 24 filled in by Pages 1 au	X	write RURAL and give neerest lown) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (Fnot in hospital, give street address) Res., 7608 Poplar Road 22, Md. 7608 Poplar Road Poplar Road
executed completely on papers.		3. Name of Deceased (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. Age (In years If UNDER 14 Hrs. 19. Age (I
ficate be clan and ove carbo	aven;	106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign country) 12. CITIZEN OF WHAT COUNTRY
sath certifing physiclesse rem	d in any	Virginia 13. FATHER'S NAME Wilkerson U.S.A. U.S.A. Unkown
he attend Then pl	noval, an	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ilyesgivewerordatesofservice) NO William E. Stahler 7608 Poplar Rd. 22.
equires the physician, and by the set permit	o, oo re	18. CAUSE OF DEATH [Enter on y one ceuse per line for a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO DUE TO DUE TO
The law rated in the la	n, creman	Conditions, If ony, which governies to immediate cause (b) (a) Cunima of Reeflern [a), stelling the underlying DUETO [b] Carcinoma of Reeflern [c] years
ICIAN: spital or a ifficate ha		Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6) 19. WAS AUTOPSY PERFORMED? YES NO 1
THYS:		20a. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING _ CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER! Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Siete)
rending stained b OR: Afte	io ida	Hour a.m. p.m. 19 While Not While fectory, street, office bidg., etc.] 21. certify that (I) (this hospital) attended the deceased from Apr. 15.55, 19.53, to 19.24, 17, 196., that (I) (we) last
OR AII may be r DIRECT Should		saw the deceased alive on 1944. Le 1942, and that death occured at
NERAL Dr. page		22c. PHYSICIAN'S NAME (Type) Morris A. Jacobs 22d. ADDRESS 1010 North Point Rd. 22, Md.
death.	8	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) BUTIES May 20, 1962 Wisebutg Cem. White Hall, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4 15M 9/60		JOHN J. DUDA 7922 Wise Ave. 22, Md. DATE MAY 22'62

MARYLAND STATE DEPARTMENT OF HEALTH



hin 24 hours after TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

Je 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 78 hours after death.

TO HOS

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05558 CERTIFICATE OF DEATH 05563

V	a. COUNTY			CE (Where deceased lived, If instit	tution; Residence before admission)
	Baltimore	MARYLAND	. STATE Maryl	and b. COUNTY	
4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN	If outside corporate limits, write RU	RAL end give nearest town)	
ı	Fort Howard	16 days	Balti	more	3 , 1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in)	nospital, give street address)	d. STREET ADDRESS	_	IS RESIDENCE ON A FARM?
	Veterans Administra	ation Hospital	3028	Arunah Avenue	YES NO X
1	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
1	(Type or print) DAVID	A.	STAINBACK	DEATH MAY	17 1962
ľ	5. SEX 6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED 3	DATE OF BIRTH	9. AGE (In yeers I IF U	_
			ebruary 25,	1913 Jest birthday) Mo	onths Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR		ity & State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	Apparatus Attendant Tel	ephone Company	Brunswick	Co. Virginia	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
	Alfred Stainback		Alice Po	well	
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO 17. I	NFORMANT	al Records, VA H	I a musika 1
1	Yes WW I	219-03-5655	CTIUTC	Mamiland	TORDICET
ı	18. CAUSE OF DEATH Enter only one cause pe	or line for (e), (b), end (c).)	Fort Howard,	Marytand	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CA	ARCINOMA RIGHT L	UNG		UNKNOWN
1	163× DOMESK		_		
		TASTASIS BRAIN A	AND CEREBELL	UM	UNKNOWN
1	gave rise to immediate cause				
1	le), stering the uncertying				
1		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAT DISEASE CONDITION GIVEN :	
	PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
	5 200. ACCIDENT WAS UNDERLYING C 206. E	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury 'n	Pert I or Pert II of Item 18.)	
1			CE OF INJURY (Home, farm ory, street, office bldg., etc		(County) (State)
	F.m. 19 et v	vork et work	. <u>.</u>		
	21. I certify that Di (this hospital) att				, 1962, that (4) (we) last
	saw the deceased alive on May 1	1902 and that	death occured at.2.	MA from the causes and	on the date stated above.
-	220 SIGNATURE	1.10	ATTENDING	MEDSTAFF	22b. DATE SIGNED
ŀ	147 Km	M.	D PHYS	DIRECTOR PHYS.	5/17/62
1	NAME (Type) CERRACTITANI PLICE	A W D	22d, ADDRESS	OR HALLARD MADEE	Ann
	DEBUSTIAN NOSS	O, M. D.		RT HOWARD, MARYL	=
	236. BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
٠,	Burial 13-21-62	1091TO NY	7/ 6Pm		7 _
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A . 250. REC	TO BY REGISTRAR 256. REGIST	
1	Sullivan Funeral Hom	e 1011-13 N/. Hr	Y DATE	Chris	M. Henry



funeral director, uld be filed with death. Page shauld 200 puo _= eq 三 campletely puo carbon physician remove attending | edse ᇻ gned .2 buriol-transit

after (

hours

and

removal

5. SEX

page 3 should O FUNERAL VS A15 (4) 15M 9/58

DIRECT

registrar

he



05570

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05565

withing L. Through

	1. PLACE OF DEATH o. COUNTY	ltimore	MARYLAND	o. STATE	CE (Where deceased h	ved. If institution b. COUNTY	Residence before	
		outside corporate limits, write rest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporate Lmore 12,	a limits, write RI		
	d. NAME OF HOSPITA	L (if not in hospitol, give street ursing Home, 812	oddress)	1 d. STREET ADDR				IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	First William Grah	Middle Lam Stewart, Jr	Last	4. DATE OF DEATH	Mon	th Do	y Year 19 62
	male	6 COLOR OR RACE 7. MARR		B. DATE OF BIRTH 4-15-1891		AGE (In years last birthdoy) 71 yrs.	Months Doys	Hours Min.
1	expedito	(Give kind of work done 10b ig life, even if retired)	KIND OF BUSINESS OR INDU	Cali	fornia	try)	U.S.	WHAT COUNTRY
1	13. FATHER'S NAME	. Stewart, Sr.		14. MOTHER'S MA		vn.		
-			SOCIAL SECURITY NO. 17 IF	JEORMANT	ti parte	Addr	esi	
		yes give way or dates of services		s. Hazel	J. Stewart	al	ove	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON					Especial Statles on Especial Securition of the Constitution of the	her auge		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				D (Enter nature of in)	ury in Port I or Port II	of item 1B.)		PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of work of work of work					(County)	(Stote		
21. I certify that (I) (this haspital) attended the deceased from. and that death accurred at GEM, from the causes and an 220 SIGNATURE						, 19 <i>62,</i> th d an the date	at (I) (we) las	
	220 HYSICIAN'S NAME (Type)	rick J. Vol	Umers	M.D PHYS 22d. ADDRESS	MED DIRECTOR	STAFF PHYS	2 11	say 7 6
	F	REDERICK	LVOLLMER	610	0 York	100	Dalto	-12/12c
	23a BETTE (CREMATION REMOVAL ISPECTIV) BUCUGU	23b. DATE THEREOF 5-7-62	Green Mount	R CREMATORY	23d. LOCATIO Balt:	N (Cily, town, o		(Stote)
	24. FUNERAL DIRECTOR'S Brooks Funera	signature al Service, Inc.	,Towson 4, Md	250	D. REC'D BY REGISTRA	R 2Sb REGIS	STRAR'S SIGNATUI	

VR A1S (4) 15M 9/59

TO HOSPIT

Lelay IS

'1	Items 18-21 Film 314 (MARYLANDSTATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 110506
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE Whare dacaasad lived, if Institution: Ras danca before edin ssion
上 建 通	e. COUNTY B. STATE b. COUNTY MARYLAND MARYLAND Delivered Delivered
Hallies.	b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b , c. CITY OR TOWN (if outside corporate limits, write RURAL and give meanant town)
your d of	write (UKAL and give nearest town)
ard y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g vs straat address) d. STREET ADDRESS d. STREET ADDRESS
B for	2010 Schenen Aut 2010 Schenen YES NO N
any e function fained State Beath.	3. NAME OF First Middle Last 4. DATE Month Day Year
if er	OF (Type or print) DTANIA (MATCH CONT.DA DEATH
the the	5. SEX 16. COLOR OR RACE 17 MADDIEST NEVED MADDIEST TWIST B. DATE OF BRITH 19. AGE IN YOUR I YEAR I IF UNDER 24 HRS.
dea dea dea wit wit	MINONES DIVERSED DIVERSED MAN 19 19/0 Mest birnowy Months Days Hours Min.
ther 52 all 5 hour	100. USUAL OCCUPATION IS VALUED OF WAR COUNTRY II. RIETHPLACE (State or Spraige country)
rs al	dona during most of working life, even if ratirad)
hour 3. P. 3. P. Jes. hin	13. FATHER'S NAME
PM3 PM3 Will	House & STime Basilasa Yough
I I I I I I I I I I I I I I I I I I I	Thomas T. DIA ARBARA ANISh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
- 분류요고 & 추기	(Yes, no, or unkown) (Ifyasgivawarordatasofservice)
sted w frem 18 with permit	1 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c)
execution II in II	PART I DEATH WAS CAUSED BY
alo alo	97// IMMEDIATE CAUSE (a) Interstitial Pharmonitia
uld b m pe ffice wrisk	Conditions, if only, which \(\text{(b)} \) Mechanical asphyxia due to plastic cover
\$ EO \$	gava risa to immadiata causa
	(a), sleting the underlying DUETO On a Car bed
er incate I "pendin Examiner s used as	Z PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
red" Excert Excert Fx Fx Fx Fx Fx Fx Fx F	PERFORMED?
₹ 5 0 D &	Interstitial Ineumonitis 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Found face down with head in corner of plastic car crib
Medi: Ti	FRIMARY TO ST CONTRIBUTING TO FOUND face down with head in corner of plastic car crib
INE fing s 3 s buris	
Mark Con Single	Hour dean. While Not While factory, street, office bldg., atc.)
FX. The the local	
ficat ficat to TOB Pri	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
DICA e certil arded RECT egent,	death resulted from. Natural causes . Accident X, Su.cide . Homicide . Undetermined manner .
ED)	CHIEF MEDICAL EXAMINER
To the state of th	SIGNATURE SIGNATURE ASSISTANT MED CAL EXAMINER TO DATE SIGNED
Sign Ba	EXAMINER'S DEPUTY MEDICAL EXAMINER
DEPA MEDI Mass execute the call should be forward brunebal DIR.	NAME (Type) HOWARD G. SHAUB. M. D. Address (Streat, city, town, or county) Address (Streat, city, town, or county) 228, BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) Address (Streat, city, town, or country) Address (Streat, city, town, or country) Address (Streat, city, town, or country)
Show Show	
5 g 4 5 g	DURIAL MAY 3/ 1962 MORELAND MINULINE DELIMORE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE
VS. AISME	S COLO N. F. / P/
SM 9160	- has F EVANS You 880% MARION LOC DATE JUN 102 CHILLIAN S. Thomas
Y	13-1+1

۷,

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where peceased I ved, If institution, Residence before admission) a COUNTY Baltimore a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Baltimore Towson Pages Pelii d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. 45 RESIDENCE ON A FARM? Stella Maris Hospice 701 Cathedral Street YES NO X completely 3. NAME OF Middle 4. DATE Month DECEASED Alice Marv Type or printy MARL Stuart May DEATH 1962 S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED A B. DATE OF BIRTH 9. AGE [In years | IF UNDER 1 YEAR IF UNDER 24 HRS. death certificate be pue iast birthday) Months Hours 3/18/1878 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balto Mar land U.S.A. Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Stuart Louise Schuster 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or dates of service) Admission Records 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Threm bescs IMMEDIATE CAUSE (a) **DUE TO** A5CVD Conditions, if eny, which (b) geve rise to immediate causa **DUE TO** (a), stating the underlying causa fast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT. ON GIVEN IN PART 1(+) 1 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 208, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem IB.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or fown) (County) (State) factory, street, office blda , etc.) While Not While Hour a.m. el work et work 1962, and that death occurred at 2AM, from the causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Robert J. Mahon, M.D. NAME (Type) 602 E. Joppa Rd. Towson 4. Md. 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) OH H 24 SUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)



1			MAKTLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	S. 301 W. PRESTON STREET, BALTIMORE 1	. MARYLAND
			05579 CERTIFICAT	TE OF DEATH	05568
after unera houk			LACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, if institut	ioni Rasidance bafore admission)
ours the fu	M)		Baltimore MARYLAND	Maryland b. COUNTY	1
by and			CITY OR TOWN (fouts.da corporate limits, c. LENGTH OF STAY IN 1b writs RURAL and give nearest town)		,
thin 2 filled in Pages 1 Irs after	14	-	Catonsville 12 days	Baltimore d. STREET ADDRESS	3 V 6 / 4
-	17		SPRING GROVE STATE HOSPITAL	1700 William Street	YES NO
executed completely on papers.			NAME OF First Middle ECEASED	Lest 4. DATE Month	Day Year
comp	T	5.	(4. COLOR OR RACE 7. MARRIED X NEVER MARRIED	Suit DEATH LAY 2	22 19 62 DER 1 YEAR 1F UNDER 24 HRS.
e be ex and cor carbon nt, within		f	emale white WIDOWED DIVORCED		hs Days Hours Min.
icate cian ove		10a dor	USUAL OCCUPATION (Give kind of work during most of working life, even if ratired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY?
certii physi rem any			nousewife	Mary land	<u>U.S.</u>
ing Flease		13.	Henry Strotman	Mary Vondermohlen	
tend ten pi		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unkown) ((fyesgivawarordates of sarvice)		-
he at The Thr		(10	unknewn unknown R	ecords: PRING CROVE STATE	HO TAL
es the			18. CAUSE OF DEATH [Enter only one causa per line for (a), (b,, and (c).) PART I. DEATH WAS CAUSED BY. A THE TRICKS OF DEATH C.	cardiovascular disease	ONSET AND DEATH
ohysi phed sit p			422 pue to	Cardio vascutar disease	_
ing I			Conditions, if any, which \ (b)_ Generalized art	eriosclerosis	
The I trend s bee surial			gave risa to immadiate causa DUE TO		
or a or a e has the b	0	z.	cause last. (c) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a), 19, WAS AUTOPSY
pital ificat e as		CATIO			AEZ DELECEMEDS
PHYSI he hos lis cert for us h prio		CERTIFICA	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED PROMISED THE STATE OF THE STATE	ED. (Entar nature of injury in Part I or Part I, of item 18.)	
NG N by t ther th ched Healt		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PL	ACE OF INJURY (Homa, farm, 2Df. (City or town)	(County) (Stata)
NDI Sined R. A deta		MED	p.m. 19 at work at work		
Dep Dep			21. I certify that N (this hospital) attended the deceased from saw the deceased alive on	at death occured at M, from the causes and	
ay b IREC State			228. SIGNATURE	ATTOMORIO ALED STAFF	22b. DATE SIGNED
DEDE			Stella Wachsler, M. 1	A.D. PHYS. DIRECTOR PHYS.	5-22-62
ERA with	- /		PHYSICIAN'S NAME (Type) Stella Wachsler, A. D.	22d. ADDRESS SPRING GROVE S. Catonsville, 28, No.	ATL HOPITAL
HOSP LA		23a	BURIAK, CREMATION, 236 ATE THEREOF 23c. NAME OF CHMETERY	OR CREMATORY 23d. LOCATION Key, town or	
E of on	13	-	INNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRA	AP'S SIGNATURE
VR A15 (4) 15M 9/60	Die	24	a Cul Cu F		2. Thous
	1	1-	and franchist franchist	AND THE RESIDENCE OF THE PARTY	



1.	3		MARYLAND STATE DEPARTMENT OF HEALTH	
	1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	05569
rer leral	1		PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, If institution	
se fundad	M)		PLACE OF DEATH COUNTY Baltomore 60 Maryland 2. USUAL RESIDENCE (Where deceased lived, If institute as STATE Makuland b. COUNTY)	Belto
by # and deaf	- A		b. CITY OR TOWN (if oulside corporate lim is c LENGTH OF STAY IN 1b c. CITY OR TOWN (if oulside corporate s, mils write RUR/ write BURAL and give neerest town)	At and give nearest town)
in 2 id in les 1 after	90		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, o ve yee's address)	I . IS RESIDENCE
1 1 2 S		10	and Troman + Ored meno Home Balto 28	YES NO DO
De to the total		3.	Middle Last 4. DATE Month	Dey Year
N O O			SEX 16. COLOR OR RACETY WARRING TO ARRIVED TO BE DATE OF BRITH 9. AGE IN VESTS HE UN	DER 1 YEAR IF UNDER 24 HRS.
and carbo			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BRTH 9. AGE (In yee's FUN losy by riheday) WIDOWED DIVORCED 13-1876 975. WIDOWED 75.	
ifical ician ician ever		1 00	ne during most of working life, even if retired)	2. GITIZEN OF WHAT COUNTRY?
phys e rem			FATHER'S NAME 1. MOTHER'S MAIDEN NAME	L. J. A.
death ding pleas nd ir		6	um. S. Sulleran Hannah Wilc	ost
the atten Then Yal, a		15. {Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT s, no, or unknown] [Ifyesgivewerordetes of service] Address	-P1. TIO
that n. the iit.]		- 1	18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
uires rsicia d by perm			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) COLONARY MINEPOSIS	S alley
phy phy signe ansit atron,			42010 DUETO " To be to ble \$10."	7
a law ading een iaf-tra			gave rise to immediate cause	- Jeans -
The affer af			(a), stating the underlying DUETO ceuse lest. (c)	
IAN: alor afe the s the	6	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G YEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
SIC ospif artific use a ior t		FICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert. or Part II of Item 18.)	YES NO
PHY the h this co		CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING d by After achec f Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. P.ACE OF INJURY (Home, ferm, Hour a.m. White Not White, factory, street office bldg., atc.)	(County) (Stefa)
END fraine PR: / Pe del pf. o		×	p.m. 19 let work af work 21. I certify that (I) (this hospital) attended the deceased from	10/0Z that (1) (wa) last
F S S S S S S S S S S S S S S S S S S S			saw the deceased alive on. 21 as. 8	
OR nay Shot			22a. S GNATURE ATTENDING MED. STAFF	226. DATE SIGNED
# H H H H H H H H H H H H H H H H H H H			22c, PHYSICIAN'S ADDRESS PHYS. DIRECTOR PHYS.	MN49,1962
NER.	1		NAME (Type) 4-8-3320 St Base	10.18 ml
FUI FUI FIG		231	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
5 5 5 2 7	0	31	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE
YR A15 (4) 15M 9/60	No			ur S. Kruns
	V	-		



. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
X 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- mp/		05575 CERTIFICATE OF DEATH 05570	
s after funeral should	V	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence bafore admits a collective of the collection of the co	nission)
hours the fu id 2 st		Baltimore County MARYLAND Mary Cand West and	-L
4 hour by the and 2 death.		b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town)	
- E - E		Mt. Wilson, Maryland / Mr. Westminson, Mcc	. ~
filled i Pages urs affe		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A 10 ON	FARM?
		NAME OF PUST MIDDLE MORE Day Year	10 🔼
executed completely on papers.		DECEASED (Type or print) Comes Of Perint Season DEATH 5 26 196	- 2
oe executed complete the paper of the paper		SEX 11 6 COLOR OF RACE 17, MARRIED NEMER MARRIED 1. B. DATE OF BIRTH 19. AGE IN years IF UNDER 1 YEAR IF UNDER 2.	The state of the s
_ E & -		Messo Widowed System 1-29-1895 lest birthdey) Months Deys Hours	Min.
		B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHRIACE (County & State, or foreign country) 12, CITIZEN OF WHAT CO	UNTRY?
certificat physician e remove		and during most of working I.te, even if retired) — freelers had. 21. 9.	A
14.60	/ \	FATHER'S MAME	-
din din nd	(T	Thomas Turners and Olys	_
	(. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT address as, no., or unix own) ((fixes give war or deles of service) //) // // // // // // // // // // //	
te e e		The cause of pearth [inter only one cause per line forty, (b), and (c).	2
sician, d by the permit.		PART I. DEATH WAS CAUSED BY.	
		IMMEDIATE CAUSE (a)	210
faw regi ding phy en signe il-transit emation,		Conditions, if eny, which (b)	
he taw ending been prial-tra		geva rise to (immediate cause	
		(e), steting the underlying Course ast. (c)	
PHYSICIAN: the hospital or nis certificate hi for use as the th prior to burn		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUT	OPSY AED?
YSICIAN hospital of certificate r use as the		YES NO	0 🔝
HYSIK ne hosp is certif for use		206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert Lor Pert I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	
NG PH by the fter this ched for Heaith		(IF EITHER, NOTIFY MEDICAL EXAMINER),	
oing y ad by t After ih tached of Healt		Hour a.m. While Not While factory, street, office bldg., etc.)	ala)
		p.m. 19 et work al work	
		21. I certify that (I) (this hospital) attended the deceased from . 7 1967 to	
OR A. may be DIREC s should		22 SICNIATURE 22h	DATE
OEDE		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 5 76 6	SIGNED 2_
KAL age		22c PHYSICIAN'S 22d. ADDRESS	
HOST eath. FUNERAL irector, page e filed with t		Wm, Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson	
	^	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)	2-0
ပြုနှင့် မှု	11	SUMAL 3/30/62 ST- SUMBLE CEMILLY ISMM MUM WOMLOOD ADDRESS 250 RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	MIX
VR A15 (4) 15M 9/60	43	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 3 1 '62 ONLY 8. Trans	
13/11 2/00	1 136	1 - Infort to not without the aut	

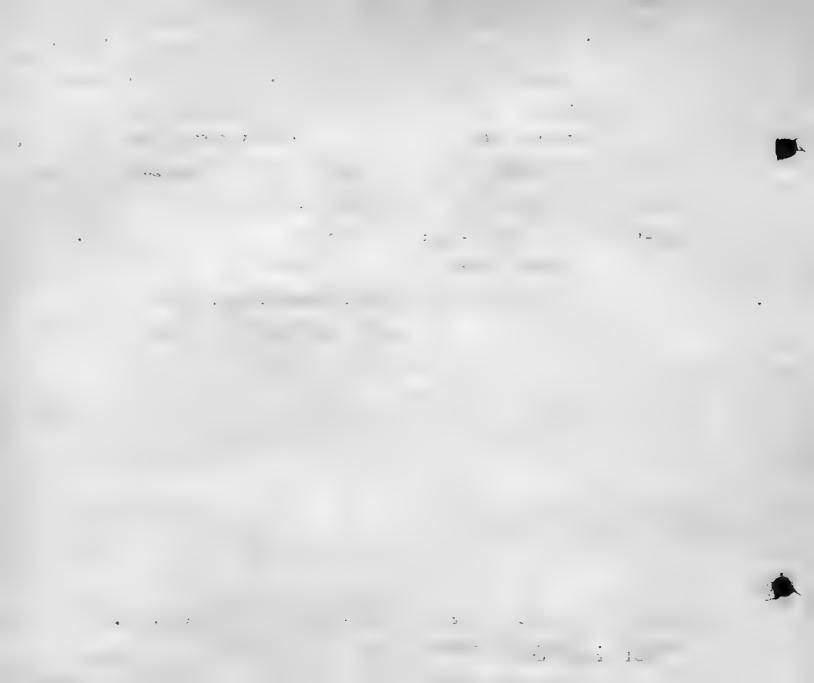




1//	MARYLAND STATE DEPARTMENT OF HEALTH	
Parent I	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH	05579
10	1. PLACE OF DEATH 2. USUAL RESIDENCE (Who've deceased lived, If insuft	uhan: Residence before admission)
E M	o. COUNTY MARYLAND a. STATE MADLECOM b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RUI write BURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RUI	RAL end give neerest town)
04	1 Section - OLD Court Ad. 5 BALTIMORE	3 VOI . +
11	d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO X
	J. NAME OF SAMUEL FIRST MIDDLE MIDDLE CENER 1 5410 LYN VIEW AVE	Day Yeer
	(Type or prof) DEATH MAY	14 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF U last birthday) Mo	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	Male WHITE WIDOWED DIVORCED 1 ULLY 13, 1007 74 yrs.	12. CITIZEN OF WHAT COUNTRY
	Retined Plumber RussiA	W.S.A ~
	13 FATHER'S NAME	₩ -1'
. 4	I SAAC REBECKA	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (Ifyesgivewerardetesofservice)	a= Alle.
	18. CAUSE OF DEATH [Enter only one cause of Ine for (e), (b), end (c).	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause ger I no for (e), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Reverse (e) Arterior classification disease.	ONSET AND DEATH
	334X DUE TO	
	Conditions, if any, which gave rise to immediate cause	_
	(e), stehing the underlying DUE TO	
0	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART (a) 19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of I tem 18)	YES NO
	OR CONTRIBUTING [] CAUSE OF DEATH Up	
	ZOC. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While factory, street, office bldg., etc.) at work et work	(County) (State)
	Hour am, While Not While ractory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.	, 196 , that (I) (we) la
	saw the deceased alive on	on the date stated above
	Doubton 3Km 4 ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
1	22c. PHYSICIAN'S NAME (Type)	17
	234. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town o	(State) (State)
	REMOVAL ISpecify 5-15-62 (Medale 1)ALTO.	, , , , , , , , , , , , , , , , , , , ,
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
1	LOCAL STATE OF DATE C. TOUT (CARD DATESY 1 6'62 College	S. Three



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY Md. Baltimore Baltimore the d MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Catonsville filled i d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Overbrook Road Overbrook Road YES NO TE pletely papers. 3. NAME OF First Midd e DECEASED DOMENIC TASCA (Type or print) May 19 62 DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In yours) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BRIH 75 birthdey) May 31, WIDOWED X DIVORCED [10a. USJAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11 BIXTHPLACE County & State or foreign country) 12, C.T.ZEN OF WHAT COUNTRY? done during most of work ng life, even if retired) Hartz-Bank U.S. ret-tailor Italv P. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Tasca Maria plegand Then ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Rena Webster,dght. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] . INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) eccuratio 400 h disease DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURED [Enter nature of injury in Pert | or Pert || of Iem 18] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20t. (City or town) (County) (State) 20c. TIME OF INJURY . Month, Day, Year factory, street, office bldg., atc.) Hour a.m. Not White et work | - et work hespital) attended the deceased from. and that death occured at Am, from the causes and on the date stated above deceased alive on SIGNATURE ATTENDING DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed ' eath (23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Steta) Entombnen OF Lorraine Mausoleum Baltimore, Md. 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur **Brehms** Lane



ネ 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		05570 CERTIFICATE OF DEATH 05574
E 0 2	-	
	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission)
¥ 53		laltimore MARYLAND STATE Maryland b. COUNTY Anne Arundel.
the sate	-	CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY N 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
24 C = 24	,	Catons ville Lumth 28dys Edgewater Laryland
in the set of	-	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve street address) d STREET ADDRESS
Ay fille		SPRING GROVE STATE HOSPITAL Shore Prive - Woodland Beach YES NO T
letely Pars.	3.	NAME OF First Middle last 4 DATE Month Day Year
applet Pape		DECLASED
)	11/1100 -012y
and corcarbon	<i>/</i> "	lest birthday would be a second by the secon
		mate will the wildowed divorced white be 7 vs.
ertificate ysician emove ny event	9	USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fore, gn country) 12. CITIZEN OF WHAT COUNTRY? The during most of working life, even if retired)
zertii nysi	_	guide White House Indiana U.S.
la para	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding olean nd		unknown
ten ten (15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1, no, or unknown) (Ifyesgivewarordatesofservice)
e al Transfer		nk lown unknown Records: SPR G GROVE STALE HOST TAL
# # # # # # # # # # # # # # # # # # #		18. CAUSE OF DEATH [Enter on y one causa per line for a) (b), and (c)] NIERVAL BETWEEN ONSET AND DEATH
ires Sicia Dy Dern		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia
odu ne ne sit j		493 Y DUE TO
signarian	-1	
alter alter	ľ	gave rise to immediate cause
The steam of the s		(a), stating the underlying DUE TO
or a or a had had be had buria	A .	PART I, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY
tal tal	CERTIFICATION	PERFORMED?
Sicon spiritification of the sicon spiritific	_ 5	Anemia, severe; etiology unknown
Programme and the second secon	151	206 ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Iem 18) OR CONTRIBUTING [] CAUSE OF DEATH
발속ૡૢ૾ૣઌ૾ૡ૿		(IF EITHER, NOTIFY MEDICAL EXAM NER)
P September 1	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a.m. (County)
of eta	ME A	p.m. 19 el work at work
e pt.		21. I certify that (i) (this hospital) attended the deceased from. Nov. 180:11501, to May2, 19.62, that (i) (we) last
E SEP		saw the deceased alive on May 2
RE Pour		22e. SIGNATURE 22b. DATE
OFIG		ALIE WACLISTON PHYS. T DIRECTOR PHYS. 5-3-62 SIGNED
A A B H		22d. ADDRESS STORE OF OTROUTE STORE THE THE STORE THE ST
HOSJ John Berfor, page filed with 1		Stalle Weeksler
S C S	23	BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or county) [State]
	-	REMORAL POPCINI STYLET ARLINGTON NATION ARLINGTON VA
ă F	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REG'D BY REGISTRAR'S SIGNATURE
YR A15 (4) 15M 9/60	1	1. No Ohan A. On In 1400 Chat: St. Mask DATE WAY 7 '62 Civiling S. Trans
10 100	· 1 <u>/</u>	IN Chandre on the Toll of the order of the

thin 24 hours after



1		MARYLAND STATE DEPARTMENT OF HEALTH
_ 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05575 CERTIFICATE OF DEATH 05575
in 24 hours after din by the funeral less 1 and 2 should after dieth.	M	1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give neerest fown) Dundalk (220) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (if outside corporate I'm is, write RURAL and give neerest lown) Dundalk (22) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. STATE Maryland c. CITY OR TOWN (if outside corporate I'm is, write RURAL and give neerest lown) A. STREET ADDRESS a. STATE A. STATE Maryland c. CITY OR TOWN (if outside corporate I'm is, write RURAL and give neerest lown) A. STREET ADDRESS a. STATE
mpletely fille papers. Pag in 72 hours		45 Kinship Road 3. Name of Deceased (Type or print) CHRISTINA +++ THATCHER 145 Kinship Road (Type or print) CHRISTINA +++ THATCHER ON A FARM? YES NO MO TYPE OF NO M
certificate be physician and a remove carbo any event, wi	(T	female white widowed Divorced June 30,1881 80 yrs. Toa. JSUAL OCCUPATION (Give kind of work done during most of working life, aven if refired) Housewife Scotland 13. FATHER'S NAME The property of the p
tuires that the death ysician. ed by the attending permit. Then please, or removal, and in	(1)	Duegald Cowan 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (If yes give wear ordates of sarvice) 10 217-01-0702A Harry A. Thatcher same as #2 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).] PART I. DEATH WAS CAUSED BY MMED. ATE CAUSE (e) 1
AM: The law rect or attending phase has been significated burial-transit burial, cremation	À	Conditions, if any, which gave rise to immediate cousa (a), stating the underlying cause last (c) PART II. OTHER SIGN:FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19. WAS AUTOPSY PERFORMED?
3 PHYSICIAN: y the hospital or rethis certificate to ed for use as the eath prior to but		YES NO DESCRIBE HOW MULTIPLY OF THE PART I OF
ATTENDING be relained by CTOR: After ild be detache e Dept, of Hez		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or lown) (County) (State) Hour a.m. Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19. 19. 19. 19. 10. 19. 11. 10. 19. 11. 10. 19. 11. 10. 19. 11. 11. 11. 11. 11. 11. 11. 11. 11
HOS AL OR A Solution of the State of the Sta		saw the deceased alive on. 5
death. r. TO FUNE	RE	23a. Burial, Cremation, 23b. Date Thereof 23c Name of Cemetery or Crematory 23d. Location (City, town of county) (State) Burial Spacify 5/28/62
VR A15 (4) 15M 9/60	B	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Valter Brooks Bradley, Inc., Dundalk 22, Md. DATE MAY 28'62

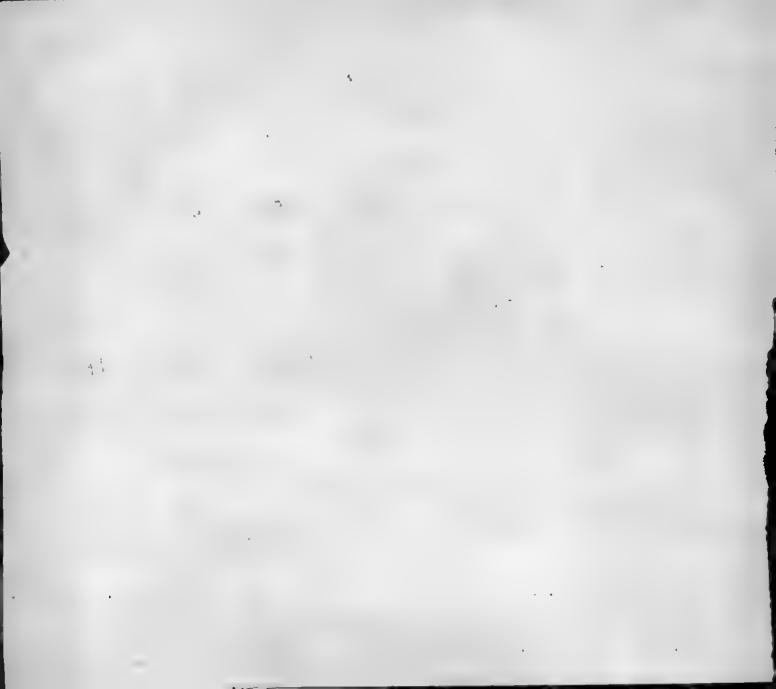


M

-)],

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND 55582 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore County b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY N 16 OWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE Mt. Wilson State Hospital ON A FARM? YES [ON [3. NAME OF Middle DECEASED (Type or print) 0 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR last hi shday) Months | Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE State, or to 12. CITIZEN OF WHAT COUNTRY? country dans during most of working ...(p, aven if rat red) whole letrician 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) ((Ifyesgiva war ordates of sarvica) Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 00 7 DUF TO gaya risa to immadiate causa (e), stating the underlying DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[6] 19, WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) fectory, street, office b.do., atc.) Hour e.m. While Not While at work at work 22a, SIGNATURE 22b. DATE DIRECTOR PHYS. 22c. PHYSICIA Mm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. 230. BURIAL, CREMATION, 1 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) BURTAT. 6 - 1 - 62Baltimore National Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, ZONE # M 9/60 Chillen & Three



RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 05583 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Refigence before admission o. Baltimore b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? Mt. Wilson State Hospital YES NO F NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost_birthdoy) Manths WIDOWED [7] DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State-pr foreign country) during most of working life, even if retired) Baltimore County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address ARMED FORCES? 16. SOCIAL SECURITY NO. 5 Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Canditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, office bldg , etc.) Hour a.m. Not while ot wark 🔲 ot wark 21 1 certify that (1) (this haspital) attended the deceased fram. 4- 10-19.6.7 and that death accurred at 12.200 from the causes and an the date stated above saw the deceased alive an .__ 22o SIGNATURE SIGNED STAFF PHYS M.D DIRECTOR | 22d. ADDRESSMt. Wilson State Hospital 22c PHYSICIAN'S Wm. Newcomer, M.D., Superintendent lit. Wilson, Maryland 23a, BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) page the Sta REMOVAL (Specify) Buria 5-4-1962 Prospect Hill Cemetery Towson Maryland ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR Circhur S. Kraus Brooks Funeral Service . Inc. York Rd. Towson DATE

STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05584 CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) Dimdalk 40 years Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 105 Woodland Ave. 105 Woodland Ave. YES NO V etel 3. NAME OF 4. DATE Middle Month DECEASED OF 62 (Type or print) DEATH 19 Tstvan Tizer 5. SEX 19. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) Months Days Hours Male WIDOWED DIVORCED 74 yrs. 10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? 11. BRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) U.S.A. Galvanizer Steel Hungary 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) ((Ifyes give wer or detes of service) No. Paul Tizer 39 Mavista Ave. 18. CAUSE OF DEATH [Enter only one cause per I ne for ,e), (b), end (c),] INTERVAL BETWEEN -CAYDIO-YASCULAY DISEASE PART : DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause **DUE TO** (a), stating the underlying cause last PART 1 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that [I] (this heapted) attended the deceased from..... A- and that death occurred ala. A.M. from the couses and on the date stated above ATTENDING PHYS. DIRECTOR PHY5. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stete) BURIAL, CREMATION, 236 Oak Lawn Cemetery Colgate, Md. 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 lrich Funeral Home Dundalk Md.

RYLAND STATE DEPARTMENT OF HEALTH









MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased I ved, if institution; Residence before ad hiss on) a. COUNTY b. COUNTY Baltimore Baltimore Maryland director, Pag or your files. MARYLAND 子で b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Boar d STREET ADDRESS IS RESIDENCE ON A FARM? and 3 to the funeral retained the State B 44 Henderson Road 44 Henderson Road YES NO K death. 3. NAME OF Middle 4. DATE Day DECEASED with the (Type or print) DEATH 62 Wilma Vance May 19 buld be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be ourial-transit permit. File pages 1 and 2 with the ourial-transit permit. File pages 1 and 2 with the ovel, and in any eyest, within 72 hours after 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (IF UNDER I YEAR IF UNDER 24 HRS. last_birthday) Months Hours July 29, 1922 Female Whi te WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if refired) Maryland USA Laundry Presser 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rhodes William Ullerv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unknown) (If yasgive war or datas of service) Vance Same Clarence No Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., end (c),) INTERVAL BETWEEN Ocelusion ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 113 Min IMMEDIATE CAUSE (a) DUE TO certificate should Conditions, if eny, which (6) d "pending" i Examiner's C e used as a b gava risa to immediate causa DLE TO (a), stating the underlying 70 cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTORSY PERFORMED? NO Medical placks 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS execute the certificate, writing the ide be forwarded to the Chief Med VERAL DIRECTOR: Page 3 shou PRIMARY Tor CONTRIBUTING TO Chief 1 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yes (County) (State) factory, straet, office bldg., atc.) Not While While AED) at work at work 21 I certify that I took charge of the remany described above, held an Autopsy . Inspect on Impury and in my opinion Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER lease execute should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street city town, or county) DE 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Meadowridge Mem. Pk. Anne Arundel. Co.. Md. 240 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Orthur S. Flrance Eastern Ave. #21



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER CERTIFICATE FOR STATE REALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, functifution; Residence before edmission) * COUNTY b. COUNTY Marvland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Owings Mills in transit Owings Mills d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e, IS RESIDENCE ON A FARM? 6 Byway Road Reisterstown Rd. nr. Gwynnbrook Ave. refained he State B YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH John 19 62 Bruce Walk May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K with 19. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male Aug. 25, 1946 WIDOWED [DIVORCED T 10a. USUAL OCCUPATION IG ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student none Baltimore City, Md. U.S.A. ۵ pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John George Walk Flora Virginia Beck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) ((Ifyes give werordetes of service) None Mrs. John Walk, 6 Byway Rd., Owings Mills, Md. should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH along PART I. DEATH WAS CAUSED BY. Compound fracture of skull, left 3 min. IMMEDIATE CAUSE (e) in penci Office DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying Se cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6). 19. WAS AUTOPSY PERFORMED? 8 NO 💢 cal CERTIFICA 70 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBLTING EXAMINER: Deceased walked into side of car transport trailer. CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stele) factory, street, office bldg , etc.] While. Not While 1062 May 28 et work et work X Reisterstown Rd. Owings Mills 21, I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry | x and in my opinion Undetermined manner death resulted from. Natural causes Accident x Suicide CHIEF MEDICAL EXAMINER D. D. Caples ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for PUNERAL I Ped SIGNATURE designat DEPUTY MEDICAL EXAMINER D. D. Caples, M. D. 6 Hangwer Rd Reisterstown Md. May 29, 1962 NAME (Type) 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) its REMOVAL (Specify) Evergreen Memorial Gardens Finksburg, Carroll Co., Md. Q40 g May 30, 1962 ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Chilmy S. Kinte VS. AISME Henry James Eckhardt, Owings Mills, Md.



ec die	1/	× _	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
fter	밀,		
hours at	THE P	1.	PLACE OF DEATH C. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, compared plants) CITY OR TOWN (if outside corporate limits, compared plants) CITY OR TOWN (if outside corporate limits, write RURAL and give perest lown)
thin 24	s after 8		write RURAL and give necrest town) ATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Congress Hotel on A FARM?
cutter fi	72 hour	3.	ARADISE NURSING HOME PARADISE HIAHTAMONT KHE I YES NO DE VOET DECEASED
e be exe	oarbon p	5.	SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. Min.
n certificate physician	se remove n any ever	1	CSUAL OCCUPATION (G ve kind of work no during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY 13. ERTHPLACE (County & Stete or fore gn country) 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME
it the death	Then pleas oval, and i	15. (Y)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IS, no., or unknown) If yes give were orderes of service) 214-14-2238; SS 23 FOREST WACKER SR CATENSULLE ZE, MIRS ROBERT WACKER SR CATENSULLE ZE, MIRS ROBERT WACKER SR CATENSULLE ZE, MIRS ROBERT PARK REF. CATENSULLE ZE, MIRS ROBERT PARK RO
equires that hysician. ned by the	if permit.		PART I. DEATH WAS CAUSED BY, Corcinoma of the prostate with metastis
he law re rending p been sig	urial-trans , crematio		Conditions, (f eny, which (b) put to
CIAN: T vital or atticate has	as the bright to burial	ATION	PART I. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSIC the hosp this certification	d for use alth prior	CERTIFICA	YES NO P 206 ACC DENT WAS INDERLYING 206. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Port Los Pect
INDING ained by R: After	detache	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, ferm, 201. (City or town)
RECTO	should be State Dep		21. I certify that (I) (this hospital) attended the deceased from
TAL O	page 3 swith the		ATTENDING MED. STAFF 22c. PHYSICIAN S NAME (Type) ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 5/1/6 S GNEE
death, 36	director,	23	Mm. E. McGr. th. E.D. Frederick Rd. Balto. 200 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify)
P VR AI	: X	24	BURIAL V/21/62 LOUDON PK CEMTY, BALTO, MAD.
15M		4	172 KE, 4101 EDMONDSON ACE. DATE MAY 21 '62 Cithin S. Thomas

vihin 24 hours after



1		MARYLAND STATE DEPARTMENT OF HEALTH						
 		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 05589 CERTIFICATE OF DEATH						
urs efter a funera	VI)	1. PLACE OF DEATH COLNTY 2. USUAL RESIDENCE (Where deceased I ved, If institution, Reside STATE D.C. B. COUNTY	nce before admission)					
n 24 ho I'in by th is 1 and frer deaph	90	b. CITY OR TOWN (If outside corporate limits, write RURAL and give wr te RURAL end give nearest lown) Luther Ville 34to 11mm Washing to N	neerest town)					
rely filled i		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel flave street address) College Manor Middle d. STRET ADDRESS 16 the + New ton 5t, N.W. Date Month Des	ON A FARM? YES NO Yes					
completely on papers.		DECEASED (Type of print) Jessie Warner Warren G. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF 8 RTH 9. AGE (In years if UNDER 1 YEAR						
ertificate be hysician and remove carb iny event, w		Female White WIDOWED DIVORCED 9-13-1880 8 yrs. 10s. USUAL OCCUPATION (Grvs kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12 CITIZEN done during most of working ile, even f refired)	Hours Min. OF WHAT COUNTRY					
hath certiing physiease rem	T	House W. Fe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	1.5.4.					
if the desertion of the plant over and	(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (.fyesgivewerordelesofservice) NONC ARMED R. M. College M.	and					
uires tha /sician. id by the permit.			NTERVAL BETWEEN ONSET AND DEATH					
The law requanted attending physics been signed burial-transitial, cremation,		Conditions, if eny, which gever rise to immediate ceuse [a), stating the underlying ceuse lest. (b) Cerclaral anteriorealerosics (c)	de					
YSICIAN: hospital or certificate b cuse as the	6	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	19. WAS AUTOPSY PERFORMED? YES NO					
DING PH ned by the After this etached fo of Health		UIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While Not While et work et work et work et work et work	(Ŝtefe)					
TEN Tetain OR: be d		21. I certify that (I) (this hospital) attended the deceased from	that (I) (we) la					
X AT Y be XEC7		saw the deceased alive on 3/47/6.7	date stated above					
AL DII	,	22c. PHYSICIAN'S ATTENDING MED. ORECTOR DIRECTOR PHYS. DIRECTOR P	SIGNE					
HOSY ath. FUNER ector, pe	- 1	NAME (Type) Ernest C. Brown, Jr., M.D. 550 North Broadway, Baltimore						
. = 0	2	23a, BURIAL, CREMATON, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) REMOVAL (Specify) CREMATION 5-31-62 Green Mount Baltimore	(Stale)					
VR A15 (4) 15M 9/60	12.	Wm. Cook-Towson, Inc., 1050 York Road, Towson 4 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN.						
	19							



17		CERTIFICATE OF DEATH
r Tro		
ante uner houl		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss of e. COUNTY e. STATE b. COUNTY
he f	(N	Baltimore County MARYLAND
by the	(1)	b. CITY OR TOWN (if outside corporeta I mits, write RURAL end give neerest town) c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
f.4 - 4- #	3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE
thin thin sely filled in se. Pages hours after	4	Mt. Wilson State Hospital 36/5 SparDing AVE VES NO
rely ers.		3. NAME OF First Middle Last 4. DATE Month Dey Year
completely n papers. thin 72 ho		(Type or print) THEODORE ANTHONY WATTS DEATH MAY 16 1962
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (Infrees If UNDER YEAR IF UNDER 24 HR.
e be and carb nt, w		MALE WHILE WIDOWED DIVORCED JAN 2-8 1414 48 yrs.
fical cian ove		10a. USUAL OCCUPATION (Give kind of work IDE KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY done during most of working life, even if retired)
certific hysici remov any ev		TRUCK DRIVER STREET LIGHTING BALTIMORE Md. UST
aath c ing pl lease d in a	(F)	THOMAS WATTS ISABELLE DONNELLY
endin n ple	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address
t the s aftr The oval,		Yes, no, or unkown (Hyesgive were redetes of service 2/2-/2-68/7 Hospital Records, Mt. Wilson St. Hospital
than the mit.		18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
uires /sicia d by derr perr		PART I. DEATH WAS CAUSED BY: IMMED. ATE CAUSE (a) CARCINOMA OF LUNG
req phy phy igne igne nsit tion,		163X DUE TO
law ding en s il-tra		Conditions, if eny, which (b)
The officer of the officer of the officer of the officer offic		(a), steting the underlying DUETO
M: or a or b the buris		Z PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
CITA Sital ficat to as	- /	PART 1. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1 (8) 19, WAS ACTUAL PROPERTY OF THE PERMINAL PROPER
VSI hosp certi use		2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Pert I or Pert II of Item 18)
PH the		2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
Hear Fee		20c TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De, P.ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Hour a.m. 19 at work at work
NDI ined ined deta		
		21 I certify that (I) (this hospital) attended the deceased from
NEC ould		saw the deceased alive on
O E C E S		ATTENDING MED. STAFF
A TA OF		22c PHYSICIANS TWO 27 ADDRESS
NER L		Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md
HOS7 ath. FUNE ector, I	,	236. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2Td. LOCATION (City, town or county) (Stoto)
O 8 0 9 8	0	aunal May 19-62 (attilum) Salle -49-110
VR A15 (4)	155	24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S MIGHATURE
15M 9/60	THE	DUWUM MOMMO 108W/18/1/ Malion

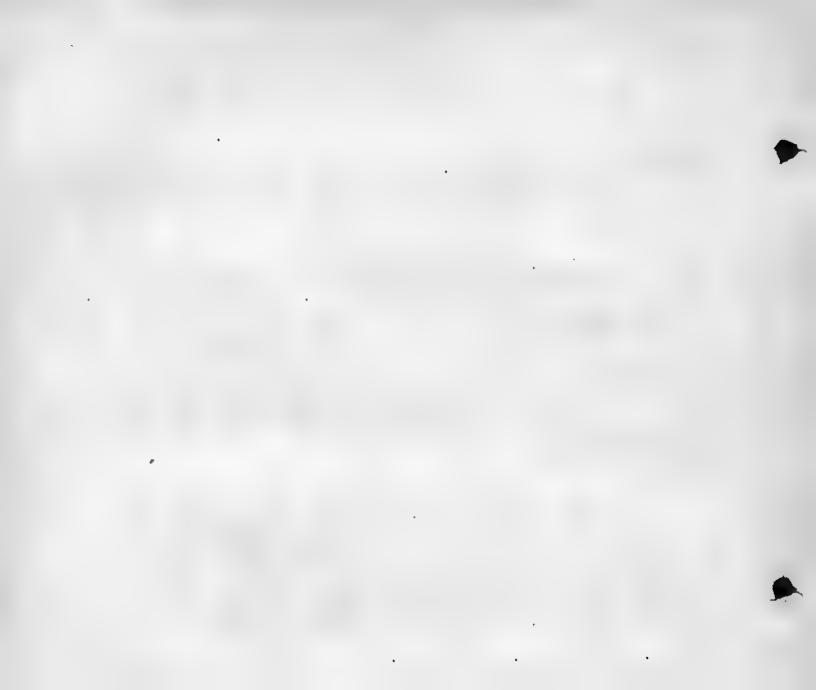


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05591 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY by the land 2: Baltimore Baltimore Mary Land MARYLAND b CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) E LENGTH OF STAY IN 16 write RURAL end give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? A-22, Dunleer Apts. Dunleer Apts. YES NO KX mpletely 3. NAME OF Middle DATE Month Year DECEASED (Type or print) ANNIE E. WEBB DEATH 17 19 62 Mav 5 SEX 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS B. DATE OF BIRTH birthdey Months Deys Female. White July 1893 WIDOWED XX DIVORCED 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State or fore an country) done during most of working life, even if retired) Maryland TLS.A. At home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Bull Charlotte Chalk 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) requires that Mrs. Robt. Purgavie 3011 Dunmurry Road-22 18. CAUSE OF DEATH jEnter only one cause per lin for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED Inter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 204-INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 201 (City or lown) (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this Gospital) attended the deceased from. saw the deceased alive on 22b. DATE 220 SIGNATUR STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS M.D. FUNERAL ADDRESS 22c. PHYSICIAN'S Davis, M.D. 6 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a, BUR.AL, CREMATION, 23b REMOVAL_(Specify) 0 Oak Lawn Cemetery Colgate, Md ADDRESS 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) MAY 2 2 '62 Chilmy S. Thous 15M 7 61 Ullrich Funeral Home Dumdalk. Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (fouts de corporete imits. SINCE c. CITY OR TOWN (If outside corporete hmits, write RURAL end give nearast town) write RURAL and give nearest town? St. Mary's County July 22, 1938 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Rural Hollywood ON A FARM? Spring Grove State Hospital YES NO 3. NAME OF 4. DATE Month Middle OF 11 May DEATH (Type or print) 19 Bessie Weiner 6 COLOR OR RACE T, MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR lest birthday) Months Hours Female WIDOWED [DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U. S. A. Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Blumberg ple: Rose Narun 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Additess (Yes, no. or unkown) (If yes givawar or dates of service) Spring Grove State Hospital - Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thombosis IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of .tem 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, (County) 20f. (City or lown) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Whila Not While et work at work 21. I certify that (If (this hospital) attended the deceased from July 22 1938, to May 11 19.62 that (I) (ver) last saw the deceased alive on May 11 19.62, and that death occurred at 02 P. If the causes and on the date stated above. 21. I certify that (I (this hospital) attended the deceased from July 22 220. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mario Mendoza Spring Grove State Hospital rector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) Beth Isaac Adas Israel 0 Burial 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Levinson & Bros. 6010 Reisterstown Road PATEMAY 1 4 '62 Citims S. Trans 15M 9/60





			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
* * O O O			05534 CERTIFICATE OF DEATH 05589
Al de la	1/		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If 'institution: Residence before admiss on) COUNTY COUNTY
urs 12 12			Baltimore Maryland 6. COUNTY
ear F			o. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
24 in by			Caton_ville 29yrlmth2ldsy Baltimore 3vn1.4
hin des	14		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE
ely filler rs. Page hours a		1	SPRING GROVE STATE HORITAL 2303 Allendale Road
commeteely on papers, thin Z2 ho	7		NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
la pag	L)		Type or print) Myrtle WilcoxOm DEATH May 20 19 62
be ex	Daniel State of the State of th	5.	// MARKIEU NEVER MARKIEU
and and carb			female white widowed Divorced Jan. 8, 1876 86 yrs. Months Days Hours Min.
catt ian ive		1De	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIKINGLACE County & Stale, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
ysic emo			stenographer unknown Maryland U.S.
d d d		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death ding pleas			D. C. Wilcox. Elizabeth Hughes
ten fen fen fen fen fen fen fen fen fen f		15.	WAS DECEASED EYER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO 17. INFORMANT Address Top, no, or unknown, (lifyes give we ror deleas of service),
at te al al a			nk own Records: SPRING GROVE STATE HOSPITAL
s th		Ī	18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).]
Sicilia Pen			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae Lailure
red phy phy igne ion,	+	Ш	of first Due to
aw ing ing tra tra			Conditions, if eny, which (b)
he bee			geve rise to Immediate cause DUE TO
T aff		Н	couse lest. (c)
AN ale after the bull of the b	Λ	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
Spike as to the state of the st	U	CERTIFICATION	ne umo ma
r us		RTE	2DB. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
E 학생		-	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Se S		WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefe) Hour e.m. While Not While fectory, street, office bldg., etc.)
Jeta A deta		WED	p.m. 19 et work at work
TEN etaii OR: Opt.			21. I certify that (IX (this hospital) attended the deceased from Fiarch 27 1833, to May 20 , that (X) (we) last saw the deceased alive on May 20 19 62, and that death occurred at m, from the causes and on the date stated above.
A Series			saw the deceased alive on
State			22e. SIGNATURE
147 a			MICHAELER M.D. PHYS. DIRECTOR PHYS. 5-21-62
Page with	1		22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STA E HOSTITAL
NE NE			- OHOURS AND THE
death. g	A	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
ರಿಕ್ಟರ್ಕ್ ಶ	1		REMOVAL (Specify) CREMATION 5-24-62 Green Mount Baltimore
VR A15 (4)	H	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
15M 9/60	17	wn	1. Cook, Inc., 1217 St. Paul Street, Baltimore 2 DAIBLAY 2 4 162



7		05595 CERTIFICATE OF DEATH
P EN		
# F F 1	(1)	1. PLACE OF DEATH •. COUNTY •. STATE b. COUNTY
京 書いま		3altimore MARYLAND Maruland Baltimore
by deg		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
thin illed in ages 1	*	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM
etely f pers. F 2 hou		3. NAME OF PURKITE ROAD 3. NAME OF DECEASED And Deceased
omple pa		(Type or print) Caroline Theotiful Cillians DEATH Jan 12 1960
nd co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yours If UNDER 1/24 HAS less birthdey) Months Days Hours Min.
n ar ent,		
fiffica sicia nove		done during most of working life, even if retired)
h mer 3 phy: ise ren in an)		13. FATHER'S MAME 14. MOTHER'S MAME
death ding pleas and it	(I)	Dr. Samuel Theobald Caroline Deviol 4
the stren		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordatesofservice)
hat the i		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)
ctian by ermi		PART I, DEATH WAS CAUSED BY, ONSET AND DEATH
hysi ned iif p		IMMEDIATE CAUSE (e)
w reng programme sign		Conditions, if ony, which) (b) Clark al anter of classics
ne la andi, beer rial-l crer		geve rise to immediate ceuse
thas be trial,		(e), stating the underlying DUE TO ceuse lest. (c)
ICIANS spital or ifficate I	1	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
PHYS he hoselis cer for us the prices		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enformeture of injury In Pert For Pert II of from 18.) OR CONTRIBUTING CAUSE OF DEATH Ulf ETHER, NOTIFY MEDICAL EXAMINER;
bed the		
MDIN ined t: Aff detac		20c. TiME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Power) (County) (Stete) While Not While et work e
E e C a g		21. I certify that (I) (this hospital) attended the deceased from 19.52 to 12cy 19.62, that (I) (we) le
Send Send		saw the deceased alive on
O Share		226. SIGNATURE ATTENDING MED. STAFF SIGN M.D. PHYS. DIRECTOR PHYS.
RAL Page vith t	- 1	
d S E		NAME (Type) Dr. K.A. Poter van Berly 100 %. University Phay. Calto.
death. HOS director, be filed		23e. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
C g C g g	5	Druid Ridge Pikesville Nd.
VR A15 (4) ^	de	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	.1	H. Jenkins & Sons Co. 4905 York Id. Tito. 12 DAMAY 15'62 Outling & Krous



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore by the and 2 death. MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard 52 days Baltimore filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO 300 N. Culver Street completely 3. NAME OF paper Middle 4. DATE DECERSED OF (Type or print) DEATH Edward Williams May and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 75.3 last birthday) Months Male DIVORCED WIDOWED Negro September 10, 1920 4] yrs. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Chauffeur Cab Company Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Williams Josephine Williams ā 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records VA Hospital. (Yes, no, or unkown) [(If yes give war or dates of service) Fort Howard, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary Infarction, Recurrent IMMEDIATE CAUSE (e) weeks DUE TO Pulmonary Vein Thromboses 6 weeks geve rise to immediate cause DUE TO (e), stating the underlying Rheumatic Heart Disease unknown causa last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) 19. WAS AUTOPSY PERFORMED? YES: NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work | et work 1962 to May 18 19 62 that 30) (we) last 21. I certify that (1) (this hospital) attended the deceased from March 26 saw the deceased elive on May 18 and their death occurred at 1.1.20 After the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNER NAME (Type) IRVING FREEMAN, M. D. VAH. FORT HOWARD. MARYLAND filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23s. BURIAL CREMATION | 23b. DATE THEREOF REMOVAL (Specify) more nas OF 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) 15M 7/61



1,	+.		DIVISION OF STATISTICAL RESE	ARCH AND RECORD CERTIFICAT	s, 301 W. PRESTON TE OF DEATH	STREET, BALTIMORE	05592
s after funeral should			PLACE OF DEATH			Where decessed lived, If institution b. COUNTY	ni Residence before edmission)
를 다 다	Λ		Baltimore	MARYLAND	a. STATE	B. COUNT	MANA
A A A A A A A A A A A A A A A A A A A	9		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporele limits, write RURAL	
ithin 2 lled in ages 1 s after	X		d. NAME OF HOSPITATOR INSTITUTION (If not in hos	spilal, give street address	a. STREET ADDRESS AW	n -	e. IS RESIDENCE ON A FARM?
pletely fi			C170 SunPriar Ave.,	Middle		DATE Month	Day Yeer
be executed the complete of within 7		5.		MEVER MARRIED 8	Latrson DATE OF BIRTH	9. AGE (In years In UND last birthday) Months	PR 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
ficate cian a ove c		10a	USUAL OCCUPATION (Give kind of work 10b. K	DIVORCED DIVORCED DIVORCED	Apr. 10, 187		TIZEN OF WHAT COUNTRY?
th certii g physi ase rem in any			ne during most of working life, even if retired) Sont man tog Ba	lto.Go.	Md. 14. MOTHER'S MAIDEN NAM	E	U.S.A.
the death attending Iken pleass val, and in	(I		George Williamson Was deceased ever in u.s. armed forces? 16. s, no, or unknown) ([flyesgivewardrdehesdrgervice])	SOCIAL SECURITY NO. 17	Catherine NFORMANT	Lacy Address	_
an. y the atl mit. The removal		-		19-28-9049 Wm	E. Williams	on 2015 Kerna	INTERVAL BETWEEN
aquire, shysici med b sit pen			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Vas			in 5 ton the
e law ri ending p been sig rial-trans cremati			Conditions, if any, which gove rise to immediate cause DUE TO	Cerebral a	h deiros elen	1/5	
N: The or athe butter of the butter of the burtial,			cause last. [c]	<u> </u>			· · · · · · · · · · · · · · · · · · ·
ICIA spital Hificath se as l	f	ATION	PART II. OTHER SIGNIF CANT CONDITIONS CON	Bronchy pale		DISEASE CONDITION GIVEN IN P.	PERFORMED?
r the ho this cer d for use		CERTIFICATION	200. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part)	or Part II of (Iem 18.)	
NDING sined by R: Affer detache t. of He		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. Hour a.m. While p.m. 19	6	CE OF INJURY (Home, ferm, 12) ory, street, office bidg., etc.)	Of. (City or town) (4	County) (Slete)
ATTE be retailed be			21. I certify that (I) (this hospital) attendary the deceased alive on			1, to $5/36$, 1 , from the causes and o	19.6.2, that (I) (we) last
OR DIRE			22e. SIGNATURE	AB	ATTENDING MED.	STAFF	1 25 / 22b. DATE SIGNED
HOS ALL STORY ALL FUNERAL Sctor, page filed with t	1		22c. PHYSICIAN'S NAME (Type)	MELL M	22d. ADDRESS		100102
		234	MAX T. Willer BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	DR CREMATORY 2	Id. LOCATION (City, lown or co	unity) (Slete)
ក្នុក្ខភ្នំ ក្នុក្ខភ្នំ	M	-	Burial 5-30-1962	Locraine Pe		Woodlawn,	Md.
VR A15 {4} 1SM 7/61	1	24	MUNERAL DIRECTOR'S SIGNATURE	voju! Notthe	PLACE DATE MA	Y REGISTRAR 256. REGISTRAR	'S SIGNATURE
			· -#				7 al. 7 hand



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



V 1		MARYLAND STATE DEPARTMENT OF HEALTH
Do I		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- T-	6	CODSS CERTIFICATE OF DEATH 05594
funera should		DEACH STATE DECOUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Resistance before admission) a. STATE b. COUNTY
hour y the and 2	X	Baltimore Co. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hin 24 ed in b ges 1 a	(M)	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
Par Sur		House In The Fines Nursing Home 1 13 Hammonds Ferry Road VES NO
cuted pletel		3. NAME OF first Middle Last 4. DATE Month Day Yaser OF OF (Type or print) FRONKIF LITTSON DEATH May 11 19 62
com com in p		5. SEX 16. CO. OR OR RACE 7. MARRIED TAISVER MARRIED TO 1 8. DATE OF BIRTH 9. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS.
and carb		Female White Widowed N DIVORCED 30th Jan. 1890 72 yes. Months Days Hours Min.
lifical sician nove		10a USUAL OCCUPATION (G va kind of work done during most of working life, avan if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stale, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
phy:		Attorney - At - Law Self-Employed Birmingham, Alabama U.S.A.
death ding	1)	Edmond Dismukes Georgia T. Harrison
atter Then		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Linthicum, Md. (Yas, no, or unkown) ((fyasgivewarordatasofservice) 212 22 5524 Mr. Jalton Wilson 1017 Hammonds Ferry Rd.
s that an. y the mit.		18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), and (c).)
quire nysici ned b ned b		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Occate Pulsarony Edera
aw re ing pl n sign transi		Conditions, if any, which (b) Clure Hykertension Cardio-Vasculus Disease 537
The lattending the been stated to the lattending		(a), stating the undarlying DUE TO
or a te have the buries		Z PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
Spital spital fiftical side as a street of the street of t	0	YES NO PERFORMED?
PHYS the ho this cer of for us		20a. ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EATH OF EATH
DING led by After stached		20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work 19 at work 19 at work 19
De		21. I certify that (I) (thus hospital) attended the deceased from. 21-13-, 1962 to 5-11, 1962 that (I) (we) last
SECTOR OF SECTOR		saw the deceased alive on
O THE STATE OF THE		22a. SIGNATURE, ATTENDING MED. STAFF SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED
Page With	1	122c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager 6209 Frederick Rd. Ball-28, Md.
FUN.		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Sec p	The	Entombaent 15th May 1962 Lorraine Park Mausoleum, Baltimore, Maryland
VR A15 (4) 15M 9/60	1,	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 1 5 '62 C'ALLAN & TYME



1 4	It	18 Film 31 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15.595) Item CERTIFICATE OF DEATH Reg. Dist. No.
director, director, gled with		PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY C. STATE Md. ARYLAND
r death.		b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b CRUTAL ond give nearest town) CRUTAL ond give nearest town)
4 4 4 X		OR INSTITUTION 4513 Fullerton Ave. 4513 Fullerton Ave. (*1.5 KESIDENCE ON A FARM? YES NO. 12)
illed in these I and		NAME OF DECEASED (Type or print) / 10004 To Work A A DATE Month Day Year DEATH 10 DATE Month Day Year DEATH 11 19 62
d within 2 letely fille s. Pages	5. :	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years light birthdoy) Months Doys Hours Min.
d comp paper		USUAL OCCUPATION Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) USUAL OCCUPATION Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) USUAL C CChoslovakia 12. CITIZEN OF WHAT COUNTRY? USUAL C
te be ex		FATHER'S NAME
certificate to grant physician remaye can 72 hours off	15 Ye	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address L, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO Converse of Address (August 2) Word 20 No Patierson Par
t the death the attendir Then please vent within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH 231 DUE TO
ion. ion. in signed by nsit permit. and in any e		Canditians, if ony, which gave rise to immediate couse (a), stating the <u>under-lying couse lost</u> (c) DUE TO
The law r g physicia has been urial-trans emaval, ar	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO DE
attendin artificate as the 5 an, or r	AL CERTIF	20a ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED (20e PLACE OF INJURY (Home, farm, 120f (City ar tawn) (State)
S PHYS	MEDICAL	Hour a. m While Not while at work at work factory, street, office bldg., etc.)
the hosp DR: Affer tached f burial,		21. I certify that I attended the deceased from
ed by DIRECTO		ACTUAL GRANDE Jaroslav Hulla M.D. 2214 E Fayette F zone 31 11 May 6.
TAL TAL Thou thou	22.0	PHYSICIAN'S JAROSLAV HULLAM.D. BURIAL CREMATION (22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
moy be o FUNER page 3:	6	wrial 5-15-62 Parkwood (emetery Baltimore, 111d.
VS A1S (4) 1SM 9/SB	1.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE 241. REGISTRAR'S SIGNATURE 242. DATE MAY 1 5 '62 CICHAR & TIMES



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssjon) . PLACE OF DEATH * COUNTY e. STATE **b.** COUNTY 寺で Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town write RURAL and give neerest lown) 8 days Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 1904 Wilmington Ave. Veterans Administration Hospital YES NO TO completely 3. NAME OF 4 DATE Last DECEASED OF 62 DEATH May 2 (Type or print) MOOD 19 CHESTER 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. serbc last birthdey) Months Days December 8. Male White DIVORCED [WIDOWED physician 9 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete or fore gn country) done during most of working life, even if retired) Oil Burner Industry Tester St. Marys Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wood Mollie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Hyas give war or dates of service) 217-09-5734 Clinical Records, VAH Fort Howard, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CHRONIC OBSTRUCTIVE EMPHYSEMA Unknown IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? YES XX NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH After this HE EITHER, NOTIFY MEDICAL EXAMINER 2Dd, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory street, office bldg , etc.) Ř While Not White Hour e.m. el work al work DIRECTOR 21. I certify that A (this haspital) attended the deceased from April 19. 62 and that death occured at A. M. from the causes and on the date stated above. saw the deceased alive on May 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. eth. 7556 4 FUNERAL 22d, ADDRESS 22c PHYSICIANS SEBASTIAN RUSSO, M.D. VA Hospital, Fort Howard, Maryland ector, 1 23d. LOCATION (City, lown or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 분 후 0 Baltimore National Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR S SIGNATURE ADDRESS VR A15 (4) Chilling S. Firme 162 15M 7 61 DATE MAY Wm. Cook-Blight, Inc. 6009 Harford Road

the



m /	Ite:	m 20 Film 3	314 C-11- N	ARYEAND STA	TE DEPA	RTMENT O	F HEALT	H		
1/		Division of S	TATISTICAL RE	SEARCH AND RECO	RDS, 301	W. PRESTON	STREET,	BALTIMORE 1,	MARYLANI	D
FOR STATE		05602	WEDI	CAL EXAMINA	R'S CE	RTIFICAT	E OF D	EATH	0559	7
TEALTH DEPT.		ACE OF DEATH			2. US	UAL RESIDENCE	(Where deceas	d lived, If institution:	Residence before	ad n ssion)
F. 60 .	a. '	COUNTY Balti	nore	MARYLAI		Harvla Marvla	and	b. COUNTY		,
2 d if 1 V	Ь, (CITY OR TOWN (If outsid	e corporete limits,	c. LENGTH OF STAY N		· ·		limits, write RURAL an	d give naarest to	¥″ vn)
a s a Ex		Cockevsv				Doll+1-	~~~	/ E \	2 / / /	. 4
v is or y beps leath	d	NAME OF HOSP TAL OR	T TTC	n hospital give street address,	d. 5	Baltir STREET ADDRESS	nore	(5)		ESIDENCE
e e de e		Beaver	Dam Quarr	. V	ıl	1048 1	Lerew V	lav		A FARM?
Stain Stain		AME OF	First	M ddl-			DATE	Month	Dey Yel	
the rel		CEASED	mald	Flyman	10/50	1K 201 200	OF DEATH	MAZI	28 19	62-
Apple 1	5. SE	6. CC	LOR OR RACE 7. MA	ARRIED X NEVER MARK ED	8. DATE C	OF BIRTH		E (In yours FUNDER	YEAR IF UNDE	R 24 HRS.
and mand 22 xx	me	ale w	hite wo	DWED D, VORCED	May	18,1941	2	birthdey) Nonths	Days Hours	Min,
ate 2		JSUAL OCCUPATION (G		b. KIND OF BUSINESS OR INC	USTRY 11 BI	RTHPLACE (State or	foreign country)	12. CI	LZEN OF WHAT	COUNTRY?
es 1,		during most of working lift chine Oper		Steel		Marylan	nd		USA	
24 hole Page M3. I pages		ATHER'S NAME			14. MC	THER'S MAIDEN NA	- AME			
		Teddy V.W.	orkman		1	Flore	ence Be	elcher		
Aithin Girling Co. Girling	15. W.	AS DECEASED EVER IN J. io, or unkown) [lfyesgive	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT		Address \		*
with the permit	no		421010000000000000000000000000000000000	217-38-1633	Kay E	.Workman	n sa	ame as #2		
eculty and the state of the sta	18	. CAUSE OF DEATH		per in for (a), (b), and (c).,	У				INTERVAL BE	
exe cil : alon rans		PART I. DEATH WAS	CAUSED BY; ATE CAUSE (#)	1/ron	(n1)	79				len
nad H		929.8	DUE TO			. /				
in i	1 1	onditions, if any, which	(10)		_					
esh imgʻ imsa ario		sve rise to immediate cause), stating the underlying	> DITE TO							
fical mini ed a		use lest.	(c)							
d "p d "p d "p d "p d "p d d "p d d "p d d d d	~	PART II. OTHER SIGNIA	CANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATE	D TO THE TERMINA	L DISEASE CON	D TION GIVEN IN PAR		AUTOPSY DRMED?
his o	Z Z								YES	NO -
R: T the Wed Wed to t	E PS	De. EXTERNAL CAUSE W CMARY [] or CONTRIBU	as 206. DI	escribe how injury occur	eatlr	Tillunchi	attempt	ed to swi	m across	n
NE 3 S		AUSE OF DEATH	quar	ry. Suddenly	went u	inder & s	tayed u	inder wher	e water et deap	is 50
writing writing age	MEDICAL 1	Hour XaXmX		Nod. NJJRY OCCJRRED 2D0	fectory, street	, office bldg., etc.)	20t. (City or h		inty)	(Stete)
## ## ## ## ## ### ### #### ##########		:45 p.m.	7 17021	work et work	- uar					Md.
This of the state	1 .			remains described above			spect.on	, juda th	and in my o	opinion
Seri de la		eath resulted from:	Natural causes	Accident	Suicide .	Homicide [rmined manner	_	
the	_	CTUAL	Har Da	Har our	00	ASSISTANT MEDICA	-	7	DATE SI	narra.
RAL Pits of		IGNATUR	weeks.	1 (Shown	M D.	DEPUTY MEDICAL E	_		//	A
교 원 호 🚐		XAMINER'S	ANlast	121Da acal	011	Address (Street, city		hel	3/30/	2-
Diease A shoul O FUN Heelth	22a. B.	JRIAL, CREMATION, 22	. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMAT			(City, town, or country	1 700 /	ita)
0 2 4 0 ±	970.	EMOVAL (Specify)	5/31/62	BelAir Me	moniol	Condon	cı	BelAir.Ma	nuland	
VR A15ME		UNERAL DIRECTOR	2/31/02	ADDRESS	HOT TAI	24e REC'D	BY REGISTRAR	24b REGISTRAR S S	IGNATURE	-
5M 1/62	Wa]	Lter Brook	s Bradle	y,Inc.,Dunda	lk 22.	Md DATE MIN	4 '62	Cathur 2.	Thurs	
D.		_								_



.



on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata decaased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Raltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) your write RURAL and give naarast town) Arbutus Baltimare 14 d. NAME OF HOSPITAL OR INSTITUTION (if not in hos "tal, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Coolidge Ave. Viol etsville 3005 Glenmore Avenue State YES NO TE refaine 3. NAME OF 4. DATE Last Month Year DECEASED the (Type or print) Walter Wornell 22 19 62 DEATH May 2 with th 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and lag hirthday) Months Days I within 24 hours after d 18. Give Pages 1, 2, and h form PM3. Page 5 ms mit. File pages 1 and 2 January 14,1899 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work IDb. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Plummer Construction. Work New York, N.Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Glaser James Wormell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordalesofservica) cil in Item 1 Leonia Wornell 3005 Glemmore Ave. Zone 14 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Thrombosis Coronary IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" i n gave rise to immediate cause DUE TO Examiner (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY CERTIFICATION burial, should be PERFORMED? the word Medical NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Chief N age 3 st CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or fown) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While at work at work Xecute the certing the forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry A and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Geo. S.M. Kieffer 1010 Leeds Avenue NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) ₽40 I REMOVAL 5-24-62 Fairview Cemetery Staten Island, New York 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Wm.Cook-Blight, Inc., 6009 Harford Road, Baltimore VR A15ME 5M 1/62 Cirlhur & Through

MEDICAL EXAMINER: This certificate should be

best come acceptation

AL MIGHTISH ENDOSE

Contraga Ave. Victorialia - 1005 Clements Averse

25 CAT STATE STATE

TEST REPORTS AND THE MILES.

Partie II. Caret on State State Continued Samuel

terefo most financia sout

No vote the first edge thank the death the common than the common of the common than the common of t

Contains Three sale

emby proed plot 1 con

- Transfer of (Section of the Conference of the

1 20		MAR	LAND STATE DEPA	RTMENT OF HEALTH	
138		DIVISION OF STATISTICAL RESEA		W. PRESTON STREET, BALTIMO	
TOP (05604	CERTIFICATE C	OF DEATH	05599
funer shoul	1	PLACE OF DEATH	2	. USUAL RESIDENCE (Where decaesad lived,	
But IAI	1_	Ballimor	e MARYLAND	Mary land	Ballimore
by the deat	1	o. CITY OR TOWN (if pulsive corporate limits, write RURAL and dive parest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (if outside corporate limits, w	rite RURAL and give nearast town)
L k	K	Ya - While Hall	69yrs, 1	Ruyal - Whil	C Hall o. IS RESIDENCE
filled in Pages urs after		M = 20 - dith	hospital, give street address)	Manadith Pd	ON A FARM?
	3.	NAME OF GREAT A	Middle		onth Day Year
mpletely papers. n 72 ho		(Type or print) Leanavd	Ephriam W	rinht DEATH M	TV 7 1962
P P P	5.	SEX 6. COLOR OR RACE 7. MAR		ATE OF BIRTH 9. AGE (Ih yes	IF UNDER THE AR IF UNDER 24 HRS.
and carb carb		M W WIDO	WED DIVORCED DE	br. 1. 1893 69 yrs	Atomina Deys Hours India
cian	10 d	USUAL OCCUPATION (Give kind of work guring most of working life, even if ratired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (County & State, or foreign count	ry) 12. CITIZEN OF WHAT, COUNTRY?
hysi rem any	13		ons/ruction	While Hall, Ald.	4.J.A.
ease ni l	13	Langue / Maines	1+	MOTHER'S MAIDEN NAME	
in a di) 15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 INT	ORMANITA Addi	2 120/01/
They last	(Y	WAS DECEASED EVER IN U.S. ARMED FORCES?	111 -11 1-00 10 10 1811	a Cara Cira Illmalt	- White Shot Mrs.
the mit.		18. CAUSE OF DEATH (Enter only one cause p.	11 11	tera ora arright,	INTERVAL BETWEEN ONSET AND DEATH
Sicil or per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cosonary a	rleng xalusare	10 Minn
phy igne igne igne igne		42.010 DUE TO	0-1-1-0	- 1 +1 -	
ding en s ema		Conditions, if any, which (b)	Usleno Sch	who want also	come 10 yrs
s be surie		(a), staling the underlying DUETO			
brie bar	Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT LE	RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0); 19. WAS AUTOPSY
ficat ficat to to	CERTIFICATION	Ca Ha	hostate gli	and.	PERFORMED?
hosp certification and a second	TER	208. ACCIDENT WAS UNDERLYING V 706/1		inter nature of injury in Part I or Part II of item 18.)	
the		OR CONTRIBUTING CAUSE OF DEATH			
Hea Hea	MEDICAL			OF INJURY (Home, farm. 20f. (City or town), street, office bldg., atc.)	(County) (Stata)
deta	WE		work at work	0	
# C & &		21. I certify that (I) (this hospital) att		12- 3	4./, 19.4.2, that (I) (we) last
SEC Per		saw the deceased alive on		eath occured by D.S. J.M., from the cause	es and on the date stated above. 22b. DATE
S S S S S S S S S S S S S S S S S S S		Willesmy (4)	Kulton M.D.	ATTENDING MED. STAFF	5-9-62-
with th		22c. PHYSICIAN'S	F 1/0	22d. ADDRESS/	
FUNERAL filed with		NAME DAY /// Om O	TUTTON	Stew ont stor	m, ta
director,	23	BURIAL, CREMATION, 235, DATE THEREOF	23c. NAME OF CEMETERY OR	TREMAYORY 234, LOCATION (City.	Ibwn or county) // (Stete)
A PEBB	1	7111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	x rest Liber	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
VR A15 (4)	1 2	FUNITERAL DIRECTION'S SIGNATURE	w Finandam (Lithur S. Krana
	1	Jucoviroumanism, I fel	1 / Learn My	TOWN I 4 OC	

MERCE. 10010 My the second of Kerst Carlo that serve legan to the held thank Meredith Ed 1080 1. 1883 HERMANIE Compression Westall, Md 21 State The section of the Continuity The state of the s Committee or trade the committee of the the water the same the same to be a first or Wellier From LETTER TERM THE VEST LIVERTE SEM. WHITE HAT IN MIN The the the dead to the form of the tent o